COVID-19 Based Health Alerts, Advisories and Updates

If you have questions about this guidance, please call your local health department or 1- 877-PA-HEALTH (1-877-724-3258) or online at health.pa.gov 11/1/2023

PA-HAN Number	Date	Type Alert, Advisory, Update	Title	Brief Summary of Contents	Replaces Previous PA-HAN (yes/no) if yes HAN Number listed
701	6/6/2023	ADVISORY	**Guidance for Long-Term Care Facilities on Preparedness for the Upcoming Respiratory Season** https://www.health.pa.gov/topics/Documents/HAN/2023-720-9-29-ADV-%20Respiratory.pdf	The respiratory virus season is imminent, and facilities should be prepared for concurrent activity of influenza, respiratory syncytial virus (RSV), and COVID-19. Long-term care facilities (LTCF) provide an optimal setting for the transmission of respiratory infections, with their residents being particularly vulnerable due to factors such as congregate living, frailty, and the presence of chronic comorbidities. LTCFs should: Review and update their infection prevention and control plan. Monitor community respiratory virus activity using the resources noted below. Test residents with comprehensive respiratory virus panel tests especially when community respiratory virus activity is high. Report laboratory-confirmed influenza and RSV cases and all outbreaks to Pennsylvania Department of Health (PA DOH). Reporting of positive point-of-care tests for COVID-19 is mandated by some PA counties, and voluntary reporting is strongly encouraged in all other counties. LTCFs should be aware of all local, state, and federal report requirements	NO
719	9/20/2023	ADVISORY	**Recommendations Regarding the Updated (2023-2024) Monovalent mRNA COVID-19 Vaccines** Recommendations Regarding the Updated (2023-2024) Monovalent mRNA COVID-19 Vaccines (pa.gov)	The U.S. Food and Drug Administration (FDA) announced on September 11, 2023 that it had rescinded the authorization for the bivalent Pfizer-BioNTech and bivalent Moderna COVID-19 vaccines and authorized the updated (2023-2024) monovalent mRNA Pfizer-BioNTech COVID-19 vaccine and monovalent mRNA Moderna COVID-19 vaccine for all doses for individuals 6 months and older. COVID-19 vaccination has been proven safe and effective in significantly reducing severe outcomes of COVID-19 disease including hospitalization, death, and post viral syndromes. The updated (2023-2024) mRNA COVID-19 vaccines are monovalent XBB.1.5 vaccines and have been proven effective against the current circulating COVID strains in the XBB family including EG.5.1, FL.1.5.1 and BA.2.86. Everyone 6 months and older are recommended to receive updated (2023-2024) monovalent, mRNA COVID-19 vaccine. Patients and providers should use vaccines.gov for the most up to date information regarding available vaccine providers. Uninsured adults should obtain vaccine from providers in the Bridge Access program and uninsured children should obtain vaccine from providers in the Vaccines for Children (VFC) program. FDA Takes Action on Updated mRNA COVID-19 Vaccines to Better Protect Against Currently Circulating Variants | FDA COMIRNATY | FDA Moderna COVID-19 Vaccine | FDA Vaccines.gov - Find COVID-19 vaccine locations near you Bridge Access Program | CDC VFC: Vaccines for Children Program | CDC	NO
701	6/6/2023	ADVISORY	**COVID-19 Outbreak Identification and Reporting for Healthcare Settings** 2023-701-6-6-ADV-Outbreak Reporting.pdf (pa.gov)	The Pennsylvania Department of Health (Department or DOH) is providing updated guidance for healthcare settings on how to identify and report COVID-19 outbreaks originating within the facility. Key messages for healthcare settings included in the guidance: COVID-19 surveillance procedures should be outlined via written policy and implemented in a way that can systematically identify clusters. COVID-19 outbreak definitions are provided in this HAN by healthcare facility type. According to the Disease Prevention and Control Law of 1955 (DPCL), unusual clusters of disease are reportable to the Department's Bureau of Epidemiology or your local health department. This would include outbreaks of COVID-19 in healthcare settings. Public health response including epidemiologic and infection prevention and control recommendations will be routinely provided by the Department and the local public health jurisdictions for COVID-19 outbreaks. The recommendations for outbreak identification and reporting are designed to supplement general infection prevention and control recommendations for COVID-19 in PA-HAN-694 and case reporting guidance in PA-HAN-694. 2023-694-5-11-UPD-IPC for Healthcare.pdf (pa.gov)	YES, HAN 540
700	6/6/2023	ADVISORY	**Updated Reporting Requirements for COVID-19 Following the End of the COVID-19 Public Health Emergency** 2023-700-6-6-ADV-Reporting.pdf (pa.gov)	The federal government ended the COVID-19 Public Health Emergency on May 11, 2023. With the expiration of the public health emergency, COVID-19 (i.e., SARS-CoV-2 infection) is no longer a mandated reportable condition in Pennsylvania. The Pennsylvania Department of Health (Department) requests that laboratories and other COVID-19 reporters continue to voluntarily report persons with positive COVID-19 antigen or nucleic acid results, including hospitalization and death information associated with these cases, in PA-NEDSS. The Department requests voluntary reporting of multisystem inflammatory syndrome in children. Laboratories and other COVID-19 reporters should discontinue reporting any negative COVID-19 test results. COVID-19 remains a reportable condition in the following counties with local health departments established under the Local Health Administration Law of 1951: Philadelphia, Montgomery, and Allegheny. The Department strongly recommends utilization of the Department's Health Incident Management System (HIMS) platform (Juvare EMResource) to meet the federal COVID-19 hospital reporting requirement. Reporting requirements for completing the Report of Death for COVID-19 in the Electronic Death Registration System (EDRS) remain unchanged. Requirements for mandatory reporting of COVID-19 vaccination data into the Commonwealth's immunizations information systems (PhilaVax for Philadelphia, PA-SIIS for the remainder of the Commonwealth) remains unchanged. CMS-certified facilities that participate in their corresponding Quality Reporting Program are required to report COVID-19 vaccination data to NHSN. PENNSYLVANIA DEPARTMENT OF HEALTH 2023-PAHAN-700-06-06-ADV Updated Reporting Requirements for COVID-19 Following the End of the COVID-19 Public Health Emergency Page 2 of 4– Advisory #700 CMS certified long-term care facilities (LTCF) are required to report to the LTCF COVID-19 Module Surveillance Pathways (Resident Impact and Facility Capacity, Staff and Personnel Impact, and Therapeutics) on a weekly basis UpTo Date Guidance Quarter 2 0f 2023 mockup 508 (cdc.gov)	YES, HAN 633, 635, and 680

694	**5/11/2023**	**UPDATE**	**Interim Infection Prevention and Control Recommendations for COVID-19 in Healthcare Settings** https://www.health.pa.gov/topics/Documents/HAN/2023-694-5-11-UPD-IPC%20for%20Healthcare.pdf	This HAN update provides comprehensive information regarding infection prevention and control for COVID-19 in healthcare settings based on changes made by the Centers for Disease Control and Prevention (CDC) on May 08, 2023. Major additions and edits in this version include: A description of implications for the CDC community transmission metric with the end of the public health emergency; Updated recommendations for universal source control and admission testing in skilled nursing facilities; An appendix was added to assist facilities to implement broader use of source control based on levels of respiratory virus transmission (and not only COVID-19) in the community.	**YES, HAN 663**
693	**4/28/2023**	**UPDATE**	**Updated Recommendations Regarding the Monovalent and Bivalent mRNA COVID-19 Vaccines** Updated Recommendations Regarding the Monovalent and Bivalent mRNA COVID-19 Vaccines (pa.gov)	The FDA announced on April 18, 2023 that it had rescinded the authorization for the monovalent Pfizer-BioNTech and monovalent Moderna COVID-19 vaccines and that the bivalent Pfizer-BioNTech and bivalent Moderna vaccines are now authorized for all doses for individuals 6 months and older. The FDA authorization for the Novavax vaccine is unchanged. The definition of up to date for COVID-19 vaccination was simplified and now all individuals 6 years and older who have received a single dose of a bivalent COVID-19 vaccine, regardless of past history of receiving monovalent COVID-19 vaccine, are considered up to date. Children 6 months through 4 years of age who are unvaccinated may receive a 2-dose series of the Moderna bivalent or a 3-dose series of the Pfizer-BioNTech bivalent vaccine. Children who are 5 years old and are unvaccinated may receive 2 doses of the Moderna bivalent vaccine or 1 dose of the Pfizer-BioNTech bivalent vaccine. Children 6 months to 5 years of age who received one, two, or three doses of monovalent COVID-19 vaccine may receive bivalent vaccine but the number of doses that they receive will depend upon the vaccine given and their vaccination history. Individuals 65 and older and those with certain immunocompromising conditions may choose to receive an additional dose of the bivalent Pfizer-BioNTech or bivalent Moderna vaccine. **There are still multiple formulations of the bivalent mRNA COVID-19 vaccines, so it is extremely important for vaccine providers to make sure that the correct vaccine is given to each patient.** Coronavirus (COVID-19) Update: FDA Authorizes Changes to Simplify Use of Bivalent mRNA COVID-19 Vaccines	FDA Pfizer-BioNTech COVID-19 Vaccines | FDA Moderna COVID-19 Vaccines | FDA Novavax COVID-19 Vaccine, Adjuvanted | FDA Clinical Guidance for COVID-19 Vaccination | CDC People with Certain Medical Conditions | CDC	**NO**
672	**12/15/2022**	**UPDATE**	**Therapeutics to Prevent and Treat COVID-19** UPDATE: Therapeutics to Prevent and Treat COVID-19 (pa.gov)	The SARS-CoV-2 Omicron BQ.1 and BQ.1.1 subvariants are estimated to be the cause of more than 57% of COVID-19 cases combined in the United States, including in Pennsylvania. This trend is expected to increase across all regions of the U.S. Vaccination (especially after receipt of a bivalent booster dose) is expected to protect against severe illness, hospitalizations, and deaths from infection with the Omicron variant and its subvariants. Therapeutics are also available for preventing and treating COVID-19 in specific at-risk populations. Providers are encouraged to consider COVID-19 treatment options, which are updated frequently. Current options include antiviral treatments Paxlovid, Veklury, and Lagevrio, and COVID-19 convalescent plasma. Due to data regarding the prevalence of the Omicron subvariants BQ.1 and BQ.1.1 and likely ineffectiveness against it, Bebtelovimab is no longer authorized for treatment of COVID-19 in the United States. Subsequently, there are currently NO monoclonal antibody treatments authorized for treatment of COVID-19 in the United States. Details on how to obtain currently authorized treatment agents can be found at the PA DOH website. CDC COVID Data Tracker: Variant Proportions Emergency Use Authorization | FDA Prevention-Treatment (pa.gov)	**NO**
672	**11/15/2022**	**ADVISORY**	**Increased Respiratory Virus Activity, Especially Among Children, Early in the 2022-2023 Fall and Winter** Increased Respiratory Virus Activity, Especially Among Children, Early in the 2022-2023 Fall and Winter (pa.gov)	On November 4, 2022, the Centers for Disease Control and Prevention (CDC) issued a CDC Health Advisory #479 about early, elevated respiratory disease incidence caused by multiple viruses occurring especially among children. Co-circulation of respiratory syncytial virus (RSV), influenza viruses, SARS-CoV-2, and others could place stress on healthcare systems this fall and winter. This early increase in disease incidence highlights the importance of optimizing respiratory virus prevention and treatment measures. These include prompt vaccination, with both influenza and COVID-19 vaccines for all eligible patients aged 6 months and older, and the utilization of antiviral therapy for patients with confirmed or suspected influenza who meet clinical criteria. HAN Archive - 00479 | Health Alert Network (HAN) (cdc.gov) Influenza Antiviral Medications: Summary for Clinicians | CDC	**NO**
662	**9/30/2022**	**UPDATE**	**Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19** UPDATE: Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (pa.gov)	This guidance includes changes made by CDC on September 23, 2022. Major additions and edits in this version include: Requirements for testing healthcare personnel (HCP) with symptoms of COVID-19 have been updated. In summary: If using NAAT (molecular), a single negative test is sufficient in most circumstances. If using an antigen test, a negative result should be confirmed by either a negative NAAT (molecular) or second negative antigen test taken 48 hours after the first negative test. The section on Strategies to Mitigate Healthcare Personnel Staffing Shortages has been condensed, with the expectation that facilities will refer to the CDC guidance for additional details.	**YES, PA-HAN-622 (614, 595, 553, 499, 501, and 516)**

661	**9/30/2022**	**UPDATE**	**Work Restrictions for Healthcare Personnel with Exposure to COVID-19** UPDATE: Work Restrictions for Healthcare Personnel with Exposure to COVID-19 (pa.gov)	This guidance includes changes made by CDC on September 23, 2022. This guidance pertains only to the healthcare personnel and their need for work restriction. For guidance on isolation and quarantine in the community, please refer to PA-HAN-619 or its successor. Major additions and edits in this version include: Revised work restriction guidance. In most circumstances, asymptomatic HCP with higher risk exposures do not require work restriction. However, they should receive a series of three viral tests on day 1, day 3, and day 5 after the exposure (day 0). Additionally, they should wear well-fitting source control and monitor for signs and symptoms of COVID-19 for 10 days. Updated recommendations for testing frequency to detect potential for variants with shorter incubation periods and to address the risk for false negative antigen tests in people without symptoms. Removed contingency and crisis strategies about earlier return to work for HCP with higher risk exposures.	**YES, PA-HAN-621 (616, 596, 569, 560, 477, 478, 484 and 510)**
659	**9/14/2022**	**ADVISORY**	**Recommendations Regarding the Bivalent COVID-19 Booster Vaccine** Recommendations Regarding the Bivalent COVID-19 Booster Vaccine (pa.gov)	CDC Guidance released on September 1, 2022 recommends that patients 12 and older who received the primary series of any of the authorized COVID-19 vaccines should receive a booster dose of a mRNA bivalent COVID-19 vaccine. The mRNA bivalent booster dose should occur at least 2 months after the last dose of a COVID-19 vaccine. The bivalent Pfizer BioNTech booster is approved for patients aged 12 years and older. The bivalent Moderna booster is approved for patients aged 18 years and older. The mRNA bivalent vaccines are only available for booster vaccinations. The original monovalent COVID-19 vaccine must be used for the primary series. The original monovalent COVID-19 vaccine can no longer be used for booster doses except for children aged 5-11 who are not eligible for the booster dose of the bivalent COVID-19 vaccine. Since there are now multiple formulations of the mRNA COVID-19 vaccines it will be extremely important for vaccine providers to make sure that the correct vaccine is given to each patient. The CDC definition of up to date with COVID-19 vaccine is someone who has completed their primary vaccine series and received the most recent COVID-19 booster vaccine recommended for them by the CDC It is highly recommended that patients also receive their Influenza vaccine this fall and can receive both the COVID-19 bivalent booster and the influenza vaccine during the same visit. Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC Stay Up to Date with COVID-19 Vaccines Including Boosters | CDC	**No**
656	**8/18/2022**	**UPDATE**	**COVID-19 Guidance Update for the General Population** 2022-656-8-18-UPD-COVID update.pdf (pa.gov)	Individuals who are exposed to COVID-19 are recommended to wear a high-quality mask for 10 days and get tested on day 6 after exposure. Quarantine for individuals who are exposed is no longer recommended. Ending.Isolation-Quarantine.2022.pdf (pa.gov)	**YES, PA-HAN-619 (615, 607, 583, 566, 559, 488, 489, 538 and 551)**
644	**5/26/2022**	**ADVISORY**	**COVID-19 Rebound After Paxlovid Treatment** COVID-19 Rebound After Paxlovid Treatment	Paxlovid continues to be recommended for early-stage treatment of mild to moderate COVID-19 among persons at high risk for progression to severe disease. A brief return of symptoms may be part of the natural history of SARS-CoV-2 (the virus that causes COVID-19) infection in some persons, independent of treatment with Paxlovid and regardless of vaccination status. Limited information currently available from case reports suggests that persons treated with Paxlovid who experience COVID-19 rebound have had mild illness; there are no reports of severe disease. There is currently no evidence that additional treatment is needed with Paxlovid or other anti-SARS-CoV-2 therapies in cases where COVID-19 rebound is suspected.	**No**
634	**4/7/2022**	**UPDATE**	**Therapeutics to Prevent and Treat COVID-19** UPDATE: Therapeutics to Prevent and Treat COVID-19 (pa.gov)	The SARS-CoV-2 Omicron BA.2 variant is estimated to be the cause of more than 50% of COVID-19 cases in the United States, including in Pennsylvania. Vaccination (especially after receipt of a booster dose) is expected to protect against severe illness, hospitalizations, and deaths from infection with the Omicron variant. Therapeutics are also available for preventing and treating COVID-19 in specific at-risk populations. Providers are encouraged to consider COVID-19 treatment options, which are updated frequently. Due to data regarding the prevalence of the Omicron BA.2 variant and likely ineffectiveness against it, Sotrovimab is no longer authorized for treatment of COVID-19 in the United States. Details on how to obtain currently authorized treatment agents can be found at the PA DOH website. Emergency Use Authorization | FDA CDC COVID Data Tracker: Variant Proportions GSK Sotrovimab Fact Sheet for HCP 03252022 (fda.gov) https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-sotrovimab-emergency-use-authorization Prevention-Treatment-Provider (pa.gov) 2022-620-1-15-ADV-COVID Therapeutics.pdf (pa.gov)	**YES, PA-HAN-513**

632	**4/4/2022**	**UPDATE**	**Update to Recommendations Regarding COVID-19 Booster Vaccination**	Guidance released on March 30, 2022 from the CDC updates COVID-19 booster vaccination guidance and allows for a second booster dose of an mRNA vaccine for certain populations. The dose of the second booster dose of the mRNA vaccines is the same as the first booster dose. Moderately to severely immunocompromised individuals 12 years of age and older may choose to receive an additional booster dose of an mRNA vaccine at least 4 months after the first booster dose. Patients 50 years of age and older may choose to receive an additional booster dose of an mRNA vaccine at least 4 months after the first booster dose. All patients who received the Janssen COVID-19 vaccine as their primary series and booster dose may receive an additional booster dose of an mRNA vaccine at least 4 months after the first Janssen booster dose.	**YES, PA-HAN-606**
			2022-632-4-4-UPD-Booster Dose Update.pdf (pa.gov)	2021-587-8-17-ADV-COVID vaccine.pdf (pa.gov) Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC	
628	**2/18/2022**	**UPDATE**	**Update to Recommendations Regarding COVID-19 Vaccination**	Guidance released on February 11, 2022 from the CDC updates COVID-19 vaccination guidance. For immunocompromised individuals only, the interval between completion of the primary vaccine series and the booster dose has been shortened from 5 months to 3 months for mRNA vaccines and remains at 2 months for the Janssen vaccine. Moderate to severely immunocompromised individuals ages 18 years and older who received a single dose of the Janssen vaccine should receive an additional dose an mRNA vaccine 28 days after the Janssen vaccine. It is no longer necessary to delay COVID-19 vaccination for those patients who have received monoclonal antibodies or convalescent plasma for the treatment or prophylaxis of COVID-19. Patients who have received their full primary series outside the United States with a WHO approved COVID-19 vaccine may receive either of the 2 mRNA vaccines for their booster dose. The CDC has added to their guidance information regarding potential characteristics of allergic reactions, vasovagal reactions, and vaccine side effects following COVID-19 vaccination.	**No**
			Update to Recommendations Regarding COVID-19 Vaccination (pa.gov)	https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#vaccination-people-immunocompromised Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC	
620	**1/15/2022**	**UPDATE**	**Therapeutics to Prevent and Treat COVID-19**	The SARS-CoV-2 Omicron variant has quickly become the dominant variant of concern in the United States and is present in all 50 states, including Pennsylvania. Vaccination (especially after receipt of a booster dose) is expected to protect against severe illness, hospitalizations, and deaths from infection with the Omicron variant. Therapeutics are also available for preventing and treating COVID-19 in specific at-risk populations. Providers may continue to consider treatment options previously detailed in HAN 575 and HAN 613. The FDA has issued Emergency Use Authorizations (EUAs) for anti-SARS-CoV-2 monoclonal antibodies, combination therapies bamlanivimab plus etesevimab and casirivimab plus imdevimab (REGEN-COV), and monotherapy sotrovimab for use in non-hospitalized patients. The federal government's current supply of sotrovimab is extremely limited. Continued use of bamlanivimab plus etesevimab and casirivimab plus imdevimab (REGEN-COV) monoclonal antibody products is recommended while reserving sotrovimab for treatment of eligible outpatients at highest risk. Treatment options also include intravenous (IV) antiviral agent, remdesivir, for hospitalized patients and two oral antiviral agents, Paxlovid and molnupiravir for non-hospitalized patients. Pre-exposure prevention of COVID-19 with EVUSHELD is available for certain at-risk individuals. Post-exposure prophylaxis for COVID-19 with casirivimab plus imdevimab (REGEN-COV) or bamlanivimab plus etesevimab is available for certain at-risk individuals. Details on how to obtain the agents listed above can be found at the PA DOH website.	**NO**
			2022-620-1-15-ADV-COVID Therapeutics.pdf (pa.gov)	2021-575-6-3-ADV-COVID Treatment.pdf (pa.gov) 2021-PAHAN-613-12-23-UPD-COVID treatment.pdf Prevention-Treatment-Provider (pa.gov)	
608	**11/5/2021**	**ADVISORY**	**Pfizer-BioNTech COVID-19 vaccine for 5 to <12 years old children**	CDC guidance released on November 2, 2021 recommends all children aged 5 to <12 years old get pediatric formulation of Pfizer-BioNTech COVID-19 vaccines to help protect against COVID-19. A recent vaccine study showed that the Pfizer-BioNTech vaccine is safe and effective for 5 to <12 year old children with vaccine effectiveness of 90.9% in preventing symptomatic COVID. This is a 2-dose (10 µg/ 0.2 ml) primary series administered at least 21 days apart. Pediatric formulation (10 µg/ 0.2 ml) and dosing (0.2 ml) for Pfizer-BioNTech COVID-19 vaccine is different from the adult/adolescent formulation (30 µg/0.3 ml) and dosing (0.3 ml). The two formulations are NOT interchangeable and require different storage conditions. All cases of myocarditis and pericarditis, and any adverse events following vaccination should be reported to VAERS, even if it is unclear that the vaccination caused that adverse event.	**NO**
			2021-608-11-05-ADV-Pediatric Vaccine.pdf (pa.gov)	COVID-19 Vaccines for Children and Teens | CDC Healthcare Providers for 5-11 years of age, orange cap, (must dilute) (fda.gov)	

606	**10/25/2021**	**ADVISORY**	**Recommendations regarding COVID-19 Vaccine Booster Dose** 2021-606-10-25-ADV-Booster Dose.pdf (pa.gov)	CDC guidance released on October 21, 2021 recommends that patients who received the primary series of any of the authorized COVID-19 vaccines may be eligible for a booster dose of a COVID-19 vaccine. The booster dose for the mRNA vaccines (Pfizer-BioNTech and Moderna) should occur 6 months or more after the initial series is complete and is only recommended for adults aged 18 and older who meet certain population criteria. The booster dose for the Johnson and Johnson COVID-19 vaccine should occur 2 months or more after the vaccine and is for all adults 18 and older who received the Johnson and Johnson vaccine as their initial vaccine. The booster dose for the Pfizer BioNTech vaccine and the Johnson and Johnson vaccines is the same as the original dose whereas the booster dose for the Moderna vaccine is half the original dose. Heterologous (Mix and Match) dosing can be considered for the booster. Recommendations regarding providing additional doses to moderately to severely immunocompromised people can be found in PA HAN 587. 2021-587-8-17-ADV-COVID vaccine.pdf (pa.gov) CDC Expands Eligibility for COVID-19 Booster Shots | CDC Online Newsroom | CDC	**NO**
605	**10/15/2021**	**UPDATE**	**Point of Care Antigen Test Use and Interpretation** 2021-605-10-15-UPD-POC_Interpret.pdf (pa.gov)	This Health Update provides recommendations and considerations for point-of-care (POC) antigen testing and replaces the guidance provided in PA-HAN-548. Point of care (POC) antigen tests used to detect SARS-CoV-2 are widely available. The main advantage of using these antigen tests is the rapid turnaround time for results; however, these tests are not as sensitive as molecular tests [i.e., reverse transcription polymerase chain reaction (RT-PCR) and other nucleic acid amplification tests (NAATs)]. In order to ensure accurate results, facilities conducting POC tests should become familiar with good laboratory practices. Some laboratory best practices and suggestions for preventing errors when using these tests are included in this message. Individuals using POC tests should understand antigen test performance characteristics in order to recognize potentially false negative or false positive results and to guide patient management. Assessment of the person being tested, which would include the likelihood they have the disease, were exposed to COVID-19, or received vaccine, should be considered when interpreting antigen test results and assessing the potential need for additional testing. The following message is being disseminated to address questions associated with antigen tests and assist with the use and interpretation of POC antigen test results. While some information contained in this HAN may be useful for long term care facilities, separate guidance for using antigen tests and the associated public health response in these facilities has been previously disseminated. Long term care facilities using antigen tests should refer to guidance disseminated in HAN-547. UPDATE: Point-of-Care Antigen Testing for Long-term Care Facilities (pa.gov)	**YES, PA-HAN-532, 548**
602	**10/4/2021**	**ADVISORY**	**Recommendations Regarding Pfizer-BioNTech COVID-19 Vaccine Booster Dose** Recommendations Regarding Pfizer-BioNTech COVID-19 Vaccine Booster Dose (pa.gov)	CDC Guidance released on September 24, 2021 recommends that patients who received the full course of the Pfizer-BioNTech vaccine 6 months ago or longer may be eligible for a booster dose of the Pfizer-BioNTechCOVID-19 vaccine. The booster dose should be provided to the following populations: people aged 65 and over, residents of long-term care facilities who are 18 years and older, and people aged 50-65 years of age with underlying medical conditions. The booster dose may be provided to the following populations: people aged 18-49 years with underlying medical conditions, and people aged 18-64 at increased risk for COVID-19 exposure and transmission due to occupational or institutional setting. The dose for the booster is the same as the dose for the original series. Currently, the Pfizer-BioNTech vaccine is the only COVID-19 vaccine with a recommended booster dose. Recommendations regarding providing an additional dose to moderately to severely immunocompromised people can be found in PA HAN 587. 2021-587-8-17-ADV-COVID vaccine.pdf (pa.gov)	**NO**
601	**10/1/2021**	**UPDATE**	**Quarantine Recommendations After SARS-CoV-2 Antibody Test** UPDATE: Quarantine Recommendations After SARS-CoV-2 Antibody Test (pa.gov)	On September 21, 2021, the Centers for Disease Control and Prevention (CDC) updated its recommendations regarding the use of SARS-CoV-2 antibody test results in determining quarantine status of individuals exposed to COVID-19. An antibody test should not be used to determine the need for quarantine following close contact with someone who has COVID-19. The guidance contained in this HAN replaces previous guidance detailed in HAN 562. Isolation and quarantine guidance is located in HAN 535 and HAN 583. 2020-PAHAN-535-11-11-UPD - Case Noti.pdf 2021-583-7-30-UPD-Fully Vaccinated.pdf (pa.gov)	**YES, PA-HAN-562**

600	**9/30/2021**	**ADVISORY**	**COVID-19 Vaccination for Pregnant People to Prevent Serious Illness, Deaths, and Adverse Pregnancy Outcomes from COVID-19** 2021-600-9-30-ADV-Vaccine and Pregnancy.pdf (pa.gov)	The Centers for Disease Control and Prevention (CDC) recommends urgent action to increase Coronavirus Disease 2019 (COVID-19) vaccination among people who are pregnant, recently pregnant (including those who are lactating), who are trying to become pregnant now, or who might become pregnant in the future. CDC strongly recommends COVID-19 vaccination either before or during pregnancy because the benefits of vaccination outweigh known or potential risks. In addition to the risks of severe illness and death for pregnant and recently pregnant people, there is an increased risk for adverse pregnancy and neonatal outcomes, including preterm birth and admission of their neonate(s) to an intensive care unit (ICU). Other adverse pregnancy outcomes, such as stillbirth, have been reported. Healthcare providers should communicate the risks of COVID-19, the benefits of vaccination, and information on the safety and effectiveness of COVID-19 vaccination in pregnancy. Healthcare providers should strongly recommend that people who are pregnant, recently pregnant (including those who are lactating), who are trying to become pregnant now, or who might become pregnant in the future receive one of the authorized or approved COVID-19 vaccines as soon as possible. Protect Yourself & Your Baby (pa.gov) KeepingMotherandBabyCovidSafe.pdf (pa.gov) KeepingMotherandBabyCovidSafePoster.pdf (pa.gov)	**NO**
593	**9/7/2021**	**ADVISORY**	**Update to Recommendations Regarding Immune-Based Testing for Tuberculosis and Co-administration of the COVID-19 Vaccine** 2021-593-9-7-ADV-Covid_TB.pdf (pa.gov)	Guidance released on August 31, 2021, from the CDC recommends that both the interferon-gamma release assays (IGRAs) and the tuberculin skin test (TST) for tuberculosis (TB) can occur without regard to the timing of COVID-19 vaccination. The prior recommendation of waiting four weeks from the final COVID-19 vaccination for immune-based TB testing is no longer recommended. Patients with active TB disease or being evaluated for possible active TB disease may receive COVID-19 vaccination. 2021-PAHAN-545-01-06 -COVID Vaccinat.pdf Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC	**Update to PA-HAN-545**
592	**8/26/2021**	**ADVISORY**	**Rapid Increase in Ivermectin Prescriptions and Reports of Severe Illness Associated with Use of Products Containing Ivermectin to Prevent or Treat COVID-19** 2021-592-8-26-ADV-Ivermectin.pdf (pa.gov)	Ivermectin is a U.S. Food and Drug Administration (FDA)-approved prescription medication used to treat certain infections caused by internal and external parasites. When used as prescribed for approved indications, it is generally safe and well tolerated. During the COVID-19 pandemic, ivermectin dispensing by retail pharmacies has increased, as has use of veterinary formulations available over the counter but not intended for human use. FDA has cautioned about the potential risks of use for prevention or treatment of COVID-19. Ivermectin is not authorized or approved by FDA for prevention or treatment of COVID-19. The National Institutes of Health's (NIH) COVID-19 Treatment Guidelines Panel has also determined that there are currently insufficient data to recommend ivermectin for treatment of COVID-19. ClinicalTrials.gov has listings of ongoing clinical trials that might provide more information about these hypothesized uses in the future. Adverse effects associated with ivermectin misuse and overdose are increasing, as shown by a rise in calls to poison control centers reporting overdoses and more people experiencing adverse effects. Clinicians who become aware of cases similar to those described above are asked to report them to the Pennsylvania Poison Centers at 1-800-222-1222.	**NO**
588	**8/19/2021**	**UPDATE**	**COVID-19 Post-Exposure Prophylaxis** 2021-588-8-19-UPD-COVID-19 PEP.pdf (pa.gov)	Due to the ongoing threat of COVID-19, providers are encouraged to continue to consider the COVID-19 treatment options detailed in HAN 575. Additionally, a post-exposure prophylaxis option is also currently available. In late fall 2020, the FDA issued an Emergency Use Authorization (EUA) for anti-SARS-CoV 2 monoclonal antibodies, casirivimab plus imdevimab (REGEN-COV) - for use in nonhospitalized patients (age>12 and weighing>40kg), with laboratory confirmed SARS-CoV 2 infection and mild-to-moderate COVID-19 disease who are at high risk of progressing to severe disease and/or hospitalization. On July 30, 2021, the FDA expanded the EUA for casirivimab plus imdevimab to include use for post-exposure prophylaxis in the following individuals: at high risk for progression to severe COVID-19, AND are not fully vaccinated OR are not expected to mount an adequate response to vaccination (e.g. immunocompromised individuals), AND have been exposed to a SARS-CoV-2 infected individual OR are at high risk of exposure to an infected individual because of infection occurring in the same institutional setting (e.g. nursing homes or prisons). Casirivimab plus imdevimab is the only COVID-19 antibody therapy in the U.S. that is available for both treatment and post-exposure prophylaxis. It is effective against COVID-19 variants, may be administered by subcutaneous injection or intravenous infusion, and repeated dosing may be given monthly to individuals with ongoing exposure. Casirivimab plus imdevimab is not a substitute for COVID-19 vaccination and is not authorized for use as pre-exposure prophylaxis to prevent COVID-19. 2021-575-6-3-ADV-COVID Treatment.pdf (pa.gov)	**Addition to PA-HAN-575**

587	**8/17/2021**	**ADVISORY**	**COVID-19 Vaccines for Moderately to Severely Immunocompromised People** 2021-587-8-17-ADV-COVID vaccine.pdf (pa.gov)	The Pennsylvania Department of Health (DOH) is alerting healthcare facilities, and providers caring for/providing services to people whose immune systems are moderately to severely compromised about the CDC's recommendation that they may benefit from an additional dose of mRNA COVID-19 vaccine to ensure they have enough protection against COVID-19. Widespread vaccination is a critical tool to help stop the COVID-19 pandemic. COVID-19 vaccination is widely available and is recommended for all people aged 12 years and older for the prevention of COVID-19 in the United States. People who are moderately to severely immunocompromised are especially vulnerable to COVID-19 because they are more at risk of serious, prolonged illness. Studies indicate that some immunocompromised people don't always build adequate immunity after vaccination and in some small studies, fully vaccinated immunocompromised people have accounted for a large proportion of hospitalized breakthrough cases. Following the U.S. Food and Drug Administration (FDA) decision to amend Pfizer-BioNTech and Moderna's COVID-19 vaccine Emergency Use Authorizations on August 12, 2021 and the CDC's Advisory Committee on Immunization Practices (ACIP) recommendation on August 13, 2021, CDC recommends that people who are moderately to severely immunocompromised receive an additional dose of mRNA COVID-19 vaccine at least four weeks after the initial two-dose mRNA series. An additional dose is only recommended for individuals who are moderately or severely immunocompromised. CDC does not recommend additional doses or booster shots for any other population at this time. Healthcare facilities, providers and laboratories should ensure all persons diagnosed with COVID-19 are reported via PA-NEDSS. Coronavirus (COVID-19) Update: FDA Authorizes Additional Vaccine Dose for Certain Immunocompromised Individuals | FDA COVID-19 Vaccines for Moderately to Severely Immunocompromised People | CDC	**NO**
586	**8/13/2021**	**ADVISORY**	**COVID-19 Vaccination during Pregnancy** 2021-586-8-13-ADV-Vaccine and Pregnancy.pdf (pa.gov)	The Pennsylvania Department of Health (DOH) is alerting healthcare facilities and providers caring for/providing services to pregnant people about the CDC's recommendation that pregnant people should be vaccinated against COVID-19. CDC recommends that pregnant people should be vaccinated against COVID-19. COVID-19 vaccination is recommended for all people 12 years and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. Evidence about the safety and effectiveness of COVID-19 vaccination during pregnancy has been growing. These data suggest that the benefits of receiving a COVID-19 vaccine outweigh any known or potential risks of vaccination during pregnancy. CDC released the first U.S. data on the safety of receiving an mRNA COVID-19 vaccine during pregnancy. These early data did not find any safety concerns for pregnant people who were vaccinated or their babies https://www.nejm.org/doi/full/10.1056/NEJMoa2104983. There is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems in women or men. Health care providers are asked to report adverse events to the Vaccine Adverse Event Reporting System at https://vaers.hhs.gov/reportevent.html Healthcare facilities, providers and laboratories should ensure all persons diagnosed with COVID 19 are reported via PA-NEDSS and the pregnancy status is included in each report. https://www.nejm.org/doi/full/10.1056/NEJMoa2104983 https://vaers.hhs.gov/reportevent.html	**NO**
580	**7/15/2021**	**ADVISORY**	**Recommendations for Reprocessing Flexible Bronchoscopes** Recommendations for Reprocessing Flexible Bronchoscopes (pa.gov)	On June 25, 2021 the Food & Drug Administration (FDA) issued an update to their 2015 safety communication describing safety risks associated with flexible bronchoscopes. The FDA provided two new recommendations: Consider using a single-use bronchoscope in situations where there is increased risk of spreading infection. When treating patients with Coronavirus Disease 2019 (COVID-19), refer to recent recommendations from the American Association for Bronchology & Interventional Pulmonology (AABIP). This Advisory highlights key information about flexible bronchoscope safety and reprocessing and outlines action items for facilities using these devices. We request that facilities in Pennsylvania: Review FDA notices about flexible bronchoscope safety and reprocessing; Incorporate recommendations into the facility's written infection control plan and written policies; Ensure policies for reprocessing flexible bronchoscopes are followed by implementing observations of routine practices (auditing); Report failures in flexible bronchoscope reprocessing or clusters of disease associated with the devices to your local health jurisdiction and the Pennsylvania Patient Safety Reporting System.	**NO**
575	**6/3/2021**	**ADVISORY**	**COVID-19 Treatment Options** https://www.health.pa.gov/topics/Documents/HAN/2021-575-6-3-ADV-COVID%20Treatment.pdf	With the ongoing threat of COVID-19, providers are encouraged to consider all options for COVID-19 treatment. The FDA has issued Emergency Use Authorizations (EUAs) for anti-SARS-CoV-2 monoclonal antibodies, combination therapies bamlanivimab plus etesevimab and casirivimab plus imdevimab, and sotrovimab for use in non-hospitalized patients (age>12 and weighing>40kg), with laboratory confirmed SARS-CoV-2 infection and mild-to-moderate COVID-19 disease who are at high risk of progressing to severe disease and/or hospitalization. Bamlanivimab by itself no longer has an EUA as of 4/16/21, due to emerging data regarding SARS-CoV-2 viral variants' resistance to this agent when used alone. o It is recommended to administer these drugs as soon as possible after a positive SARS-CoV-2 test result, and within 10 days of symptom onset. Remdesivir continues to be the only FDA approved drug for the treatment of hospitalized patients with COVID-19 who require supplemental oxygen. Dexamethasone, and its equivalent corticosteroids, continues to be recommended for hospitalized patients who require mechanical ventilation; the greatest improvement of survival is shown in this group, and to a lesser degree in hospitalized patients who require supplemental oxygen. If corticosteroids are contraindicated, baricitinib plus remdesivir may be used.	**YES, PA-HAN-565**

574	**6/1/2021**	**ADVISORY**	**Myocarditis and Pericarditis after Receipt of mRNA COVID-19 Vaccines Among Adolescents and Young Adults** 2021-574-6-1-ADV-Myocarditis.pdf (pa.gov)	The Department of Health (DOH) is releasing the following information from the Centers for Disease Control and Prevention (CDC) about myocarditis and pericarditis that has been reported following mRNA COVID-19 vaccination. Since April 2021, increased cases of myocarditis and pericarditis have been reported in the United States after mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna), particularly in adolescents and young adults. There has not been a similar reporting pattern observed after receipt of the Janssen COVID-19 vaccine (Johnson & Johnson). In most cases, patients who presented for medical care have responded well to medications and rest and had prompt improvement of symptoms. Reported cases have occurred predominantly in male adolescents and young adults 16 years of age and older. Onset was typically within several days after mRNA COVID-19 vaccination, and cases have occurred more often after the second dose than the first dose. CDC and its partners are investigating these reports of myocarditis and pericarditis following mRNA COVID-19 vaccination. CDC continues to recommend COVID-19 vaccination for everyone 12 years of age and older given the risk of COVID-19 illness and related, possibly severe complications, such as long-term health problems, hospitalization, and even death. Report all cases of myocarditis and pericarditis post COVID-19 vaccination to VAERS.	**NO**
564a	**4/20/2021**	**UPDATED ALERT**	**Call for Pause of Use of Johnson & Johnson COVID-19 Vaccine** 2021-564a-4-20-ALT-JJ Vaccine_update.pdf (pa.gov)	On April 13, CDC and FDA recommended a pause of administering any doses of Johnson & Johnson/Janssen (J&J) vaccine in order to review data involving six reported cases of cerebral venous sinus thrombosis (CVST), in combination with thrombocytopenia, seen after receiving the J&J vaccine. Effective immediately, DOH is asking that providers pause the administration of any doses of Johnson & Johnson vaccine until April 24, 2021. DOH will not be enforcing the order to administer 80% of doses over 7 days for the entirety of the pause. Maintain a high index of suspicion for symptoms that might represent serious thrombotic events or thrombocytopenia in patients who have recently received the J&J vaccine. Providers who were planning to administer Johnson & Johnson vaccine to individuals are asked to cancel those appointments immediately, or, if possible reschedule those appointments using Pfizer or Moderna vaccine Health care providers are asked to report adverse events to the Vaccine Adverse Event Reporting System at https://vaers.hhs.gov/reportevent.html.	**YES, PA-HAN-464**
564	**4/13/2021**	**ALERT**	**Call for Pause of Use of Johnson & Johnson COVID-19 Vaccine** 2021-564-4-13-ALT -JJ Vaccine.pdf (pa.gov)	On April 13, CDC and FDA recommended a pause of administering any doses of Johnson & Johnson/Janssen (J&J) vaccine in order to review data involving six reported cases of cerebral venous sinus thrombosis (CVST), in combination with thrombocytopenia, seen after receiving the J&J vaccine. Effective immediately, DOH is asking that providers pause the administration of any doses of Johnson & Johnson vaccine until April 20, 2021. DOH will not be enforcing the order to administer 80% of doses over 7 days. Maintain a high index of suspicion for symptoms that might represent serious thrombotic events or thrombocytopenia in patients who have recently received the J&J vaccine. Providers who were planning to administer Johnson & Johnson vaccine to individuals are asked to cancel those appointments immediately, or, if possible reschedule those appointments using Pfizer or Moderna vaccine Health care providers are asked to report adverse events to the Vaccine Adverse Event Reporting System at https://vaers.hhs.gov/reportevent.html. VAERS - Report an Adverse Event (hhs.gov)	**NO**
562	**3/24/2021**	**ADVISORY**	**ADVISORY: Quarantine Recommendations After SARS-CoV-2 Antibody Test** 2021-PAHAN-562-3-24-ADV - Quarantine.pdf	The Centers for Disease Control and Prevention (CDC) updated its quarantine recommendations to include use of SARS-CoV-2 antibody test results. Persons who test positive for SARS-CoV-2 antibodies do not need to quarantine following a known exposure if the following criteria are met: 1. The person is in a low risk situation (e.g., no contact with persons at high risk of COVID-19 severe illness for 14 days); AND, 2. The person remains asymptomatic; AND, 3. The person had a known exposure and has had a positive antibody test during the 3 months prior to the exposure; OR, 4. The person receives a positive antibody test within 7 days following an exposure. This guidance does NOT apply to healthcare facility patients, residents, and staff. Regardless of antibody test results, persons who exhibit new or unexplained symptoms of COVID-19 still need to isolate and be evaluated for COVID-19 testing. DOH continues to recommend COVID-19 prevention measures such as masking, physical distancing, avoiding nonessential travel, and hand hygiene for all people regardless of vaccination status or past history of COVID-19 infection.	**NO**
561	**3/18/2021**	**ADVISORY**	**Identification of Risk for Novel and High Concern Healthcare-associated Organisms as Part of a Comprehensive Travel History** 2021-PAHAN - 561- 03-18-ADV- Optimiz.pdf	The collection of a complete and accurate travel history is currently an integral part of our response to the COVID-19 pandemic and outbreaks of EVD are ongoing in the Democratic Republic of the Congo and Guinea. A growing list of healthcare-associated infections has also been linked to medical care in other states and abroad including Candida auris infection or colonization, and carbapenemase-producing Carbapenem-resistant organisms. The Department asks that all healthcare facilities: Develop travel history collection procedures that include elements specific to the risk of highly transmissible healthcare-associated organisms; Optimize functionality in electronic health records to rapidly implement necessary infection prevention and control interventions; Routinely evaluate travel history assessment process to adequately assess new or emerging threats.	**NO**
556	**3/28/2021**	**ADVISORY**	**Change in Pfizer-BioNTech COVID-19 Vaccine Transportation and Storage Conditions** 2021-PAHAN-556-2-28-Change in Pfizer.pdf	Undiluted frozen vials of the Pfizer-BioNTech COVID-19 vaccine may now be transported using proper transport and temperature monitoring devices and stored at -25°C to -15°C (-13°F to 5°F). Total cumulative time that the vials are stored at -25°C to -15°C (-13°F to 5°F) should not exceed 2 weeks.	**NO**

552	**2/17/2021**	**UPDATE**	**COVID Vaccine Second Dose Administration and Timing** UPDATE: COVID Vaccine Second Dose Administration and Timing (pa.gov)	Persons receiving the second dose of an mRNA COVID-19 vaccine should follow the recommended scheduling as closely as possible. DOH and CDC recommend receiving the same vaccine product at both vaccinations. If it is not feasible to adhere to the recommended interval because of any reason, including vaccine availability, the second dose may be administered up to 6 weeks after the first dose. Every effort should be made to complete the vaccine series using the same vaccine product. If the first dose product cannot be determined or is unavailable, any available mRNA COVID-19 vaccine may be administered at a minimum interval of 28 days between doses. If two doses of different mRNA vaccine products are administered for any reason, no additional doses are recommended at this time. The discordant doses should be noted on the person's vaccination card.	**NO**
550	**2/8/2021**	**ADVISORY**	**SARS-CoV-2 Variants – Situation Update and Public Health Response** SARS-CoV-2 Variants - Situation Update and Public Health Response (pa.gov)	There is an increasing number of SARS-CoV-2 variant cases being detected in the United States, including in Pennsylvania. Labs performing the ThermoFisher TaqPath COVID-19 RT-PCR assay are asked to forward any positive samples without a signal for the S gene and Cycle threshold (Ct) values for N and Orf1ab<28 to the DOH lab for sequence characterization. If operationally feasible, implementing enhanced public health control measures are warranted when SARS-CoV-2 variant cases are identified. COVID-19 treatment and vaccine should continue to be made available to all individuals recommended to receive these therapies regardless of variant circulation. Individuals should continue to practice COVID-19 mitigation measures including avoiding gathering with others outside their household, continuing to wear masks, increasing handwashing, ventilating indoor spaces, and staying at least six feet apart from others.	**NO**
546	**1/7/2021**	**ALERT**	**SARS-CoV-2 B.1.1.7 Variant Identified in Pennsylvania Resident** 2021-PAHAN-546-1-7-ALT - SARS-CoV-2.pdf	On January 5, 2021, DOH identified a case of COVID-19 with the "UK variant" (20B/50Y.V1 or B.1.1.7) in Dauphin County. An investigation to determine possible exposures and perform contact tracing is underway. The B.1.1.7 variant has been identified in a handful of other states and is likely already present in other parts of the country. Labs using the ThermoFisher TaqPath COVID-19 RT-PCR assay that identify specimens where the Orf and N gene are Cts<28 with no detection of the S gene should contact the DOH lab to discuss submission of samples. Please contact the DOH lab at 610-280-3464 to notify staff that samples will be submitted. Initial studies of the B.1.1.7 variant indicate that it may be more infectious than previously identified strains of SARS-CoV-2; however, it is not associated with more severe symptoms. The currently approved vaccines are likely effective against this variant. Because of the increased infectivity of this variant, contacts of cases infected with B.1.1.7 are required to complete a full 14-day quarantine. People should continue to practice COVID-19 mitigation measures including avoiding gathering with others outside their household, continuing to wear masks, increasing handwashing, ventilating indoor spaces, and staying at least six feet apart from others.	**NO**
545	**1/6/2021**	**ADVISORY**	**COVID Vaccination Indicators and Contraindications** 2021-PAHAN-545-01-06 -COVID Vaccinat.pdf	The Pennsylvania Department of Health is providing guidance for providers on COVID-19 vaccination. The information in this HAN should be used to supplement other relevant guidance documents and guide the implementation of public health expectations for vaccine providers. Key messages included in the guidance: There are two mRNA vaccines with 90-95% efficacy in preventing clinical COVID-19 currently available through an Emergency Use Authorization (EUA) by the FDA in the United States. The only absolute contraindication to COVID-19 vaccination is history of an immediate allergic reaction to either COVID-19 vaccine or any of their components. Severe adverse reactions are uncommon, but vaccine providers should be prepared for this rare event. Vaccine providers should report all adverse events following vaccination to Vaccine Adverse Event Recording System (VAERS). All COVID-19 mitigation measures should continue to be followed after vaccination.	**NO**
543	**12/28/2020**	**ADVISORY**	**Providing Demographic Variables as Part of Laboratory Submission Forms** 2020-PAHAN-543-12-28 - UPD - LAB DEM.pdf	Laboratory submission forms and patient test results with missing key demographic variables including patient date of birth, phone number, address, race, and ethnicity continue to present challenges for public health staff These variables are essential for a complete and timely public health response to patients with COVID-19 and other reportable diseases. Providers are reminded that patient date of birth, address, telephone number, race, and ethnicity data fields should be included on all laboratory submission forms Clinical laboratories are mandated to report the name, age, address, telephone number, and other information requested by the Department regarding the person from whom the specimen was obtained. See (PA Code, Title 28, Chapter 27: § 27.22 "Reporting of cases by clinical laboratories") Laboratories are unable to report this information unless they receive it with submitted specimens.	**YES, PA-HAN-495**
542	**12/19/2020**	**ADVISORY**	**Infection prevention and control considerations for residents of long-term care facilities with signs and symptoms following COVID-19 vaccination** 2020-PAHAN-LTCF Post Vaccine IPC 12.pdf	The Department is providing guidance for responding to signs and symptoms following COVID-19 vaccination in residents of long-term care facilities (LTCF). Strategies are needed by long-term care facilities to appropriately evaluate and manage post-vaccination signs and symptoms among their residents in order to minimize unnecessary testing and use of Transmission-Based Precautions and reduce transmission of infectious diseases, including COVID-19.	**NO**

541	**12/16/2020**	**ADVISORY**	**Infection prevention and control considerations for healthcare personnel with signs and symptoms following COVID-19 vaccination** Infection prevention and control considerations for healthcare personnel with signs and symptoms following COVID-19 vaccination (pa.gov)	The Department is providing guidance for responding to signs and symptoms following COVID-19 vaccination in healthcare personnel (HCP). Strategies are needed for healthcare facilities to appropriately evaluate and manage post-vaccination signs and symptoms among healthcare personnel (HCP) in order to minimize staffing disruptions and transmission of infectious diseases, including COVID-19.	**NO**
537	**11/30/2020**	**ADVISORY**	**Testing and Management Considerations for Long-term Care Facility Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating** 2020-PAHAN-537-11-30-ADV-FLU LTCF_fi.pdf	The Department is providing guidance for long-term care facilities on testing and management considerations for residents with acute respiratory illness symptoms when SARS-CoV-2 and influenza viruses are co-circulating. Highlights of the guidance include: Place symptomatic residents in Transmission-Based Precautions using all recommended PPE for care of a resident with suspected SARS-CoV-2 infection. Test any resident with symptoms of COVID-19 or influenza for both viruses. Placement Decisions. Residents confirmed to have SARS-CoV-2 infection should be moved to a dedicated COVID-19 care unit. Clinical management. Initiate treatment and chemoprophylaxis using antiviral medications, as appropriate o Encourage influenza vaccination for residents and healthcare personnel. Influenza infections and outbreaks are reportable to the Pennsylvania Department of Health. For reporting, positive influenza tests should be reported electronically to PA NEDSS. For outbreak reporting, please call your local public health authority or call 1- 877-PA-HEALTH.	**NO**
536	**11/17/2020**	**UPDATE**	**Additional Guidance for Patients After a Known Exposure to SARS-CoV-2** 2020-PAHAN-536-11-17-ADV - Additiona.pdf	This guidance is intended to provide clarification to the information contained in PA-HAN-525. If someone is identified as a close contact to a person with COVID, the close contact must quarantine for 14 days from the date of last contact. There is no recognized "presumed positive" case definition for COVID-19. Household contacts of COVID-19 cases who cannot isolate themselves must quarantine for 14 days after the case's infectious period ends.	**NO**
535	**11/11/2020**	**UPDATE**	**Notification of COVID-19 Test Results to Patients** 2020-PAHAN-535-11-11-UPD - Case Noti.pdf	Healthcare providers who are evaluating patients for COVID-19 should instruct the patient to isolate. Patients should be asked to develop a list of people who were in close contact (defined as being within 6 feet for a period of 15 minutes or more depending upon the exposure) with them from the period 48 hours before symptom onset to the time at which the patient isolated. All persons diagnosed with COVID-19 should self-isolate until at least 10 days have passed since symptom onset, and symptoms are improving, including being afebrile, for 24 hours without antipyretics. These steps should be taken immediately. Do not wait for test results to come in. Close contacts of laboratory confirmed COVID-19 cases should be instructed to self quarantine for 14 days from the last known exposure to the patient being evaluated for COVID-19. Close contacts are recommended to be tested at least 2-3 days after their exposure. A negative test result does not release a close contact from quarantine early. The full 14-day quarantine must be observed. Healthcare providers should give the attached document to any patient being evaluated for COVID-19. https://www.health.pa.gov/topics/Documents/HAN/COVID%20Close%20Contact%20Worksheet.11.11.docx https://www.health.pa.gov/topics/Documents/HAN/COVID-19%20Patient%20Instructions%20for%20Self%20Isolation.pdf	**YES, PA-HAN-493**
533	**10/26/2020**	**ADVISORY**	**Additional Factors to Determine Close Contacts of Persons with COVID-19** 2020-PAHAN-533-10-26-ADV - Additiona.pdf	Identification and quarantine of close contacts associated with individuals infected with COVID-19 is critical to the public health response as it can help slow disease transmission. Transmission is most commonly spread when two people are in close contact with one another (within 6 feet, or 2 arm lengths). The nature and duration of contact also need to be considered when assessing close contacts. In general, time periods of 15 minutes or more appear to present the greatest risk. This message is being disseminated to further clarify new guidance from CDC regarding how the 15-minute exposure time should be assessed and suggested implementation in PA.	**NO**
528	**10/1/2020**	**ADVISORY**	**Considerations for Evaluating Patients for SARS-CoV-2** 2020-PAHAN-528-10-1-ADV - Considerat.pdf	Patients infected with SARS-CoV-2 may present with a variety of symptoms. In order to protect public health, it is important to consider COVID-19 in patients presenting with mild symptoms. This consideration is especially important in children and young adults. If a patient has been exposed to a case of COVID-19, it is recommended that they be tested 2-3 days after exposure, regardless of the presence of symptoms.	**NO**
527	**9/21/2020**	**ADVISORY**	**Testing and Management Guidance for Patients After Exposure to SARS-CoV-2** 2020-PAHAN-527-09-21-ADV - Guidance for Patients After Exposure to SARS-CoV-2.pdf	Individuals who have been in close contact with a confirmed COVID-19 case should be tested for SARS-CoV-2, regardless of the presence of symptoms. SARS-CoV-2 testing may also be advised for individuals who were in a substantial transmission zone and attended a gathering of more than 10 people without universal mask wearing and physical distancing. Persons who test positive for SARS-CoV-2 do not need to repeat a test for at least 3 months.	**NO**

525	**9/14/2020**	**ALERT**	**Guidance for Patients Under Quarantine After Exposure to SARS-CoV-2** 2020-PAHAN-525-09-14-ALT - Guidance.pdf	The Pennsylvania Department of Health (DOH) is asking that clinicians provide the current guidance on quarantine to patients who had close contact with a person with COVID-19. This guidance is based on available information about COVID-19 and subject to change as additional information becomes available.	**NO**
518	**7/20/2020**	**UPDATE**	**Interim Guidance on Discontinuing Non-Healthcare Isolation for Persons with COVID-19** 2020-PAHAN-518-07-20-UPD -Interim Gu.pdf	This guidance replaces the information in PA-HAN 504 from May 5, 2020. Symptom-based criteria were modified as follows: Changed from "at least 72 hours" to "at least 24 hours" have passed since last fever without the use of fever-reducing medications. o Changed from "improvement in respiratory symptoms" to "improvement in symptoms" to address expanding list of symptoms associated with COVID-19. PA DOH recommends utilizing the symptom-based strategy for symptomatic patients wherever possible. PA DOH recommends utilizing the time-based strategy for asymptomatic patients wherever possible.	**YES, PA-HAN-504**
513	**7/4/2020**	**ALERT**	**Changing Epidemiology of COVID-19 Case Demographics** 2020-PAHAN-513-07-04-ALT-Changing Ep.pdf	There are increasing numbers of COVID-19 cases associated with travel and social gatherings or social settings, including bars, restaurants, and parties. Healthcare providers who are evaluating patients for COVID-19 should instruct the patient to isolate while awaiting test results. Patients should be asked to develop a list of people who were in close contact (defined as being within 6 feet for a period of 15 minutes or more depending upon the exposure) with them from the period 48 hours before symptom onset or test date for asymptomatic persons to the time at which the patient isolated. The decision to discontinue home isolation for persons with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or a test-based strategy. Healthcare personnel with healthcare related exposures should follow the guidance outlined on PAHAN 510.	**NO**
505	**5/6/2020**	**UPDATE**	**SARS-CoV-2 Laboratory Testing Comparison** UPDATE: SARS-CoV-2 Laboratory Testing Comparison	Laboratories need a CLIA certificate to perform SARS-CoV-2 testing. Under CLIA, laboratories are prohibited from testing human specimens for the purpose of diagnosis, prevention, treatment, or health assessment without a valid CLIA certificate. Clinical laboratories and facilities such as academic laboratories, research laboratories, pharmacies, physician offices, urgent care clinics, and veterinary laboratories need CLIA certification to perform SARS-CoV-2 testing on human specimens. This is an update to HAN 503 released 5/4/2020. There are no antigen tests authorized under the FDA EUA to date. CMS CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA): TESTING REQUIREMENTS FOR SARS-CoV-2 (pa.gov)	**YES, PA-HAN-503**
500	**4/30/2020**	**UPDATE**	**Interim Guidelines for Collecting Clinical Specimens for COVID-19 Testing** 2020-PAHAN-500-04-30-UPD-UPDATE-Specimen Collections.docx	The following specimens are acceptable to submit for COVID-19 testing: A nasopharyngeal (NP) specimen, An oropharyngeal (OP) specimen, or o A nasal mid-turbinate (NMT) swab, or o An anterior nares specimen (NS), or Nasopharyngeal wash/aspirate or nasal wash/aspirate (NW). Consultation with the health department is required before testing at DOH. Please call 1- 877-PA-HEALTH (1-877-724-3258) or your local health department. Commercial and in-house laboratory tests do not require consultation with the health department. Please follow those laboratory specimen collection instructions. Positive test results should be reported through the Pennsylvania electronic reporting system, PA-NEDSS. Specimens for point-of-care tests should not be placed in media or saline prior to analysis. COVID 19 Specimen Collection Guidance.pdf (pa.gov) Testing Factsheet (pa.gov) COVID-19 How to Get Tested.png (1080×1080) (pa.gov)	**YES, PA-HAN-487 and 491**
495	**4/14/2020**	**ALERT**	**Providing demographic variables as part of laboratory submission forms** 495 - 04/14/20 - ALT - ALERT - Lab Demographics (pa.gov)	Key demographic variables including patient date of birth, phone number, address, race, and ethnicity are frequently missing from laboratory submission forms and patient test results These variables are essential for a complete and timely public health response to patients with COVID-19 and other reportable diseases. Providers are reminded that patient date of birth, address, telephone number, race, and ethnicity data fields should be included on all laboratory submission forms. Clinical laboratories are mandated to report the name, age, address, telephone number, and other information requested by the Department regarding the person from whom the specimen was obtained. See (PA Code, Title 28, Chapter 27: § 27.22 "Reporting of cases by clinical laboratories"). Laboratories are unable to report this information unless they receive it with submitted specimens.	**NO**
494	**4/10/2020**	**ALERT**	**Interim Guidelines for Serologic Testing and COVID-19 Diagnostics** 494 - 4/10/20 - ALT - ALERT: Interim Guidelines for Serologic Testing and COVID-19 Diagnostics (pa.gov)	Two nucleic acid amplification-based tests have been granted an Emergency Use Authorization by the Food and Drug Administration for point of care (POC) use. There are no serological tests that are approved for use in POC setting. Serology cannot be used to diagnose infection with SARS-CoV-2. There are no CDC guidelines for interpretation of COVID-19 serology tests. Results from serology testing should not be used as the sole basis to diagnose or exclude COVID-19 infection or to inform infection control.	**NO**

492	**4/3/2020**	**ALERT**	**Universal Masking of Healthcare Workers and Staff in Congregate Care Settings** ALERT: Universal Masking of Healthcare Workers and Staff in Congregate Care Settings (pa.gov)	Minimizing transmission of COVID-19 into and within health care facilities and congregate care facilities is critical. Implement universal masking of all persons (e.g., staff members) entering the facility with a surgical or isolation mask (not a respirator). If possible, symptomatic patients or residents should be masked during direct care to enhance source control. Facilities should continue to implement daily symptom screening for all staff and restrict visitors, including visits from non-essential ancillary therapeutic services. Continue to utilize recommended PPE (N-95 respirator or higher, gown, gloves, and eye protection) for confirmed COVID-19 cases. Implement strategies to optimize the supply of PPE and equipment.	**NO**
483	**3/6/2020**	**ALERT**	**First Presumptive Positive COVID-19 Cases in Pennsylvania** First Presumptive Positive COVID-19 Cases in Pennsylvania (pa.gov)	On March 6, 2020, the Pennsylvania Department of Health (DOH) was notified of two presumptive positive 2019 novel coronavirus (COVD-19) cases in Wayne County and Delaware County. These are the first two known instances of COVID-19 in Pennsylvania. As of 3/6/2020, there is no evidence of community transmission of COVID-19 in Pennsylvania.	**NO**
482	**3/5/2020**	**ADVISORY**	**COVID-19 Commercial Laboratory Testing Available** 2020-PAHAN-482-03-05-ADV-Commercial.pdf	The Pennsylvania Department of Health (DOH) is releasing the following advisory regarding commercial laboratory testing for 2019 novel coronavirus (COVID-19) As of 3/5/2020, COVID-19 has NOT been detected within Pennsylvania. Commercial laboratory testing for COVID-19 is available. Testing is still available at DOH Bureau of Laboratories (BOL) COVID-19 is a reportable condition.	**NO**
476	**1/31/2020**	**ADVISORY**	**Updated Coronavirus (2019-nCoV) Collection and Shipping Guidance** Updated Coronavirus (2019-nCoV) Collection and Shipping Guidance (pa.gov)	The Pennsylvania Department of Health (DOH), Bureau of Laboratories (BOL) is releasing the collection and shipping guidance, "Updated Coronavirus (2019-nCoV) Collection and Shipping Guidance". If you have any questions regarding this guidance, please call the BOL at 610-280-3464. A. Lower respiratory tract – collect two if possible B. Upper respiratory tract Nasopharyngeal swab (NP) AND oropharyngeal swab (OP) C. Serum Complete BOL Specimen Submission Form / Packaging Instructions / Shipping Instructions.	**NO**
475	**1/31/2020**	**ADVISORY**	**2019 Novel Coronavirus (2019-nCoV) Interim Guidance for Healthcare Professionals** 2019 Novel Coronavirus (2019-nCoV) Interim Guidance for Healthcare Professionals (pa.gov)	The Pennsylvania Department of Health is releasing updated guidance from the Centers for Disease Control and Prevention (CDC), including criteria for evaluation of travelers from affected areas in China. Health care providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. CDC guidance for evaluating and reporting a PUI for MERS CoV remains unchanged. Criteria to Guide Evaluation of Patients Under Investigation (PUI) for 2019-nCoV.	**NO**
474	**1/25/2020**	**ADVISORY**	**Coronavirus (2019-nCoV) Collection and Shipping Guidance** Coronavirus (2019-nCoV) Collection and Shipping Guidance (pa.gov)	Health care providers should contact Pennsylvania Department of Health (PA DOH) (1-877- PA HEALTH) or local health department immediately to notify them of patients with fever and lower respiratory illness who traveled to Wuhan, China within 14 days of symptom onset or contact with a confirmed case of 2019 Novel Coronavirus (2019-nCoV). Local and state public health staff will determine if the patient meets the criteria for a patient under investigation (PUI) for 2019 n-CoV. A. Lower respiratory tract – collect one B. Upper respiratory tract - Nasopharyngeal swab (NP) AND oropharyngeal swab (OP) C. Serum Complete BOL Specimen Submission Form / Packaging Instructions / Shipping Instructions.	**NO**
473	**1/19/2020**	**ADVISORY**	**Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China** Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China (pa.gov)	The Pennsylvania Department of Health (DOH) is forwarding the following advisory to healthcare providers, "Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China" from the Centers for Disease Control and Prevention (CDC). Please report any suspected cases immediately by calling DOH at 1-877- PA-HEALTH (1-877-724-3258) or your local health department. COVID-19 in China - COVID-19 Low - Level 1: COVID-19 Low - Travel Health Notices | Travelers' Health | CDC	**NO**
471	**1/9/2020**	**ADVISORY**	**Outbreak of Pneumonia of Unknown Etiology (PUE) in Wuhan, China** Outbreak of Pneumonia of Unknown Etiology (PUE) in Wuhan, China (pa.gov)	The Pennsylvania Department of Health (DOH) is forwarding the following advisory to healthcare providers, "Outbreak of Pneumonia of Unknown Etiology (PUE) in Wuhan, China" from the Centers for Disease Control and Prevention (CDC). Please report any suspected cases of PUE immediately by calling DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department. Isolation Precautions | Guidelines Library | Infection Control | CDC	**No**

Archived COVID-19 Based Health Alerts, Advisories and Updates

PA-HAN Number	Date	Replaced By	Title	Brief Summary of Contents	Replaces Previous PA-HAN (yes/no) if yes HAN Number listed
680	1/6/2023	UPDATE ARCHIVED replaced by PA-HAN-700	**Multisystem Inflammatory Syndrome in Children (MIS-C) Case Definition** 2023-680-1-6-UPD-MIS-C.pdf (pa.gov)	**Archived Guidance:** Effective January 1, 2023 a new surveillance case definition for multisystem inflammatory syndrome in children (MIS-C) will be implemented for reporting cases of MIS-C. MIS-C is a rare but severe complication in children and young adults infected with SARS CoV-2, the virus that causes COVID-19. The new case definition criteria can be viewed at Information for Healthcare Providers about Multisystem Inflammatory Syndrome in Children (MIS-C) | CDC. Key changes to the definition include: 1. No required duration of subjective or measured fever 2. A requirement of C-reactive protein ≥3.0 mg/dl to indicate systemic inflammation 3. Adjustments to criteria of organ system involvement to include addition of shock as a separate category and elimination of respiratory, neurologic, and renal criteria 4. A new requirement on timing of a positive SARS-CoV-2 laboratory testing within 60 days of MIS-C illness Healthcare providers must report suspect cases of MIS-C by faxing the 2023 case report form to 717-772-6975 or to your local health department or by securely emailing the form to ra-dhcovidcontact@pa.gov. MIS-C Reporting: Information for Healthcare Providers about Multisystem Inflammatory Syndrome in Children (MIS-C) | CDC Multisystem Inflammatory Syndrome in Children Associated with SARS-CoV-2 Infection Case Report Form (pa.gov) MIS-C flyer.pdf (pa.gov) MIS-A Reporting: Multisystem Inflammatory Syndrome in Adults (MIS-A) Case Definition Information for Healthcare Providers (cdc.gov) Multisystem Inflammatory Syndrome Associated with COVID-19 Case Report Form (pa.gov)	**YES, for MIS-C portion of PA-HAN-636, 557, 529 and 506**
663	10/4/2022	UPDATE ARCHIVED replaced by PA-HAN-694	**Interim Infection Prevention and Control Recommendations for Healthcare Settings during the COVID-19 Pandemic** 2022-663-10-4-UPD-IPC for Healthcare.pdf (pa.gov)	Archived Guidance: This HAN Update provides comprehensive information regarding infection prevention and control for COVID-19 in healthcare settings based on changes made by CDC on September 23, 2022. Major additions and edits in this version include: Vaccination status is no longer used to inform source control, screening testing, or post-exposure recommendations. Updated circumstances when source control is recommended. In general, asymptomatic patients no longer require quarantine following close contact with someone with SARS-CoV-2 infection and HCP do not require work exclusion following a higher-risk exposure. However, they should receive a series of three viral tests for SARS-CoV-2, wear source control for 10 days following the exposure, and monitor for signs and symptoms of COVID-19. Screening testing of asymptomatic healthcare personnel without a higher-risk exposure, including those in nursing homes, is at the discretion of the healthcare facility. Long-term care facility specific Health Alerts (PA-HAN-626 and PA-HAN-627) are being archived; recommendations are now included in this update under Setting Specific Considerations.	**YES, PA-HAN- 624 (597, 563, 486, 490, 497, 520, and 524), PA-HAN-554 (502 and 517), PA-HAN-544, PA-HAN-521, PA-HAN-626 (609, 599, 570, 567, 530, 509, 508, and 496) and PA-HAN-627 (610, 599, 570, 567, 530, 509, 508, and 496)**
636	4/15/2022	UPDATE ARCHIVED for MIS-C information replaced by PA-HAN-680	**Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A)** 2022-636-4-15-MIS-C and MIS-A.pdf (pa.gov)	**Archived Guidance:** Multisystem inflammatory syndrome (MIS) is a rare but serious condition associated with COVID-19 and can affect children (MIS-C) and adults (MIS-A). Although MIS-C and MIS-A are similar in clinical presentation, their case definitions differ. MIS-A also has more likely severe outcomes. As of March 28, 2022, there are a total of 7,880 MIS-C cases and 66 MIS-C deaths reported to the Centers for Disease Control and Prevention (CDC). Pennsylvania has reported 248 cases. Healthcare providers should continue to promote COVID-19 vaccination with the mRNA vaccines for people 5 years of age and older to prevent severe COVID-19 complications, including MIS. For patients with MIS who are considering starting the COVID-19 vaccination series, a consultation with clinical team and specialists in infectious diseases, rheumatology, and/or cardiology is strongly encouraged. Healthcare providers must report suspect cases of MIS-A and MIS-C by faxing the included case report form to 717-772-6975 or to your local health department or by securely emailing the form to ra-dhcovidcontact@pa.gov. Information for Healthcare Providers about Multisystem Inflammatory Syndrome in Children (MIS-C) | CDC Multisystem Inflammatory Syndrome in Adults (MIS-A) Case Definition Information for Healthcare Providers (cdc.gov) MIS-C flyer.pdf (pa.gov) Clinical Guidance for COVID-19 Vaccination | CDC	**YES, PA-HAN-557, 529 and 506**

635	**4/12/2022**	**UPDATE ARCHIVED replaced by PA-HAN-700**	**Guidance for Reporting Point of Care SARS-CoV-2 Test Results** 2022-635-04-12-Reporting POC COVID.pdf (pa.gov)	**Archived Guidance:** The U.S. Food and Drug Administration (FDA) has issued Emergency Use Authorizations (EUA) for a number of COVID-19 point of care (POC) tests for rapid detection of SARS CoV-2. These POC tests may be used by both traditional healthcare providers (e.g., hospitals, outpatient providers) and by non-traditional settings who have appropriate Clinical Laboratory Improvement Amendments (CLIA) Certificate to conduct this testing. HAN 633 outlines guidance for reporting results of SARS-CoV-2 test results to the Pennsylvania Department of Health (DOH). On April 4, 2022, the U.S. Department of Health & Human Services (HHS) updated its reporting guidance to indicate that CMS-certified long-term care facilities are not required but recommended to use the National Healthcare Safety Network (NHSN) to fulfill POC test reporting. Additional information regarding this process is detailed in this message. This message will provide additional guidance on mechanisms used for POC reporting. COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act Section 18115 (cdc.gov) In Vitro Diagnostics EUAs - Antigen Diagnostic Tests for SARS-CoV-2 | FDA 2022-633-4-4-Upd Report Requirements.pdf (pa.gov) 2021-605-10-15-UPD-POC Interpret.pdf (pa.gov)	**YES, PA-HAN-534 and 531**
633	**4/4/2022**	**UPDATE ARCHIVED replaced by PA-HAN-700**	**Updated Reporting Requirements for COVID-19 Test Results** 2022-633-4-4-Upd Report Requirements.pdf (pa.gov)	**Archived Guidance:** The US Department of Health and Human Services (HHS) and Centers for Disease Control and Prevention (CDC) have recently released updated guidance for reporting results of SARS-CoV-2 test results. The Pennsylvania Department of Health (DOH) is making changes to required reporting based on this guidance. All polymerase chain reaction (PCR) test results should continue to be reported to Pennsylvania's National Electronic Disease Surveillance System (PA-NEDSS). For antigen tests and tests performed at point-of-care (POC), only POSITIVE test results should be reported. Do not report any COVID-19 antibody test results, whether positive, negative, or inconclusive. These changes should help reduce the reporting burden on providers and laboratories. These changes should be instituted as soon after 4/4/2022 as possible.	**YES, PA-HAN-534 and 531**
627	**2/15/2022**	**UPDATE ARCHIVED replaced by PA-HAN-663**	**Response to an Outbreak and Residents with Exposure to COVID-19 for Long-term Care Facilities** 2022-627-2-15-UPD-LTCF OB Response.pdf (pa.gov)	**Archived Guidance**:This HAN provides guidance on response to exposure and outbreaks of COVID-19 for long-term care facilities. It incorporates changes made by CDC on February 2, 2022. Major additions and edits in this version include: where the term "fully vaccinated" was previously used to guide infection prevention and control measures, a person must instead be "up to date" with all recommended COVID-19 vaccine doses. Residents in quarantine can be removed from Transmission-Based Precautions (TBPs) after day 10 following the exposure (day 0) if they do not develop symptoms. Although the 10-day quarantine period is preferred, residents can be removed from TBPs after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of TBPs. Newly admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two viral tests for SARS-COV-2 infection; immediately and, if negative, again 5-7 days after their admission. In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV 2 infection in the prior 90 days; however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. 2022-626-2-15-UPD-Core Prevention.pdf (pa.gov)	**YES, PA-HAN-610, 599, 570, 567, 530, 509, 508, and 496**
626	**2/15/2022**	**UPDATE ARCHIVED replaced by PA-HAN-663**	**Core Infection Prevention and Control Measures for Long-term Care Facilities** 2022-626-2-15-UPD-Core Prevention.pdf (pa.gov)	**Archived Guidance:**This HAN provides guidance on core infection prevention and control measures for long-term care facilities (LTCF) during the COVID-19 pandemic and incorporates updates made by CDC on February 2, 2022. The guidance supplements general guidance for all healthcare facilities given in PA-HAN-624. This update include where the term "fully vaccinated" was previously used to guide infection prevention and control measures, a person must instead be "up to date" with all recommended COVID-19 vaccine doses. Even if they have met community criteria to discontinue isolation or quarantine per PA-HAN 619 (typically 5 days), visitors should not visit if they have not met the same criteria used to discontinue isolation and quarantine for residents (typically 10 days). HCP should not work while acutely ill, even if SARS-CoV-2 testing is negative, in order to minimize the risk of transmission of other infectious pathogens, including respiratory pathogens such as influenza.	**YES, PA-HAN-609, 599, 570, 567, 530, 509, 508, and 496**
624	**2/8/2022**	**UPDATE ARCHIVED replaced by PA-HAN-663**	**Interim Infection Prevention and Control Recommendations for Healthcare Settings during the COVID-19 Pandemic** UPDATE: Interim Infection Prevention and Control Recommendations for Healthcare Settings during the COVID-19 Pandemic	**Archived Guidance:**This HAN Update provides comprehensive information regarding infection prevention and control for COVID-19 in healthcare settings based on changes made by CDC on February 2, 2022. Major additions and edits in this version include where the term "fully vaccinated" was previously used to guide infection prevention and control measures, a person must instead be "up to date" with all recommended COVID-19 vaccine doses. Clarified how quarantine and isolation periods apply to visitors. To enter healthcare facilities, visitors should follow timeframes as described for patients in this healthcare guidance (typically 10 days), even if they are following the community guidelines for ending isolation and quarantine (typically 5 days) elsewhere. See text for more details. Revised guidance for ending Transmission-Based Precautions for patients with suspected or confirmed SARS-CoV-2 infection. For symptomatic and asymptomatic patients who are moderately to severely immunocompromised, a test-based strategy and (if available) consultation with an infectious disease specialist is recommended to determine when these patients can be released from isolation. COVIDSafeInpatientFacility.pdf COVIDSafeOutpatientWaitingRoom.pdf	**YES, PA-HAN- 597, 563 (486, 490, 497, 520, and 524), PA-HAN-554 (502 and 517), PA-HAN-544, and PA-HAN-521**

622	**1/25/2022**	**UPDATE ARCHIVED replaced by PA-HAN-662**	**Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19** 2021-622-1-25-UPD-Return_Work HCP.pdf (pa.gov)	**Archived Guidance**:Information has been added to clarify the recommendations in consultation with CDC as well as to incorporate changes that have been made by CDC on January 21, 2022. Language has changed from using the term "boosted" in PA-HAN-616 to instead describe persons as being "up to date" with vaccine doses. This guidance pertains only to the healthcare personnel and their need for work restriction. For guidance on isolation and quarantine in the community, please refer to PA-HAN-615 or its successor. This update includes clarification that: Being up to date with all recommended COVID-19 vaccine doses includes persons who have completed a primary vaccine series at least 2 weeks prior but are not yet eligible for a booster shot per current CDC guidelines. A person is considered up to date immediately after receipt of the booster dose; there is no waiting period following a booster. In general, asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days do not require work restriction following a higher-risk exposure; however, it should be considered in certain circumstances.	**YES, PA-HAN-614, 595, 553, 499, 501, and 516**
621	**1/25/2022**	**UPDATE ARCHIVED replaced by PA-HAN-661**	**Work Restrictions for Healthcare Personnel with Exposure to COVID-19** UPDATE: Work Restrictions for Healthcare Personnel with Exposure to COVID-19 (pa.gov)	**Archived Guidance:**Information has been added to clarify the recommendations in consultation with CDC as well as to incorporate changes that have been made by CDC on January 21, 2022. Language has changed from using the term "boosted" in PA-HAN-616 to instead describe persons as being "up to date" with vaccine doses. This guidance pertains only to the healthcare personnel and their need for work restriction. For guidance on isolation and quarantine in the community, please refer to PA-HAN-615 or its successor. This update includes clarification that: Being up to date with all recommended COVID-19 vaccine doses includes persons who have completed a primary vaccine series at least 2 weeks prior but are not yet eligible for a booster shot per current CDC guidelines. A person is considered up to date immediately after receipt of the booster dose; there is no waiting period following a booster. In general, asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days do not require work restriction following a higher-risk exposure; however, it should be considered in certain circumstances.	**YES, PA-HAN-616, 596, 569, 560, 477, 478, 484 and 510**
619	**1/7/2022**	**UPDATE ARCHIVED replaced by PA-HAN-656**	**COVID-19 Isolation and Quarantine Period Clarification for the General Population** COVID-19 Isolation and Quarantine (pa.gov)	**Archived Guidance**:Pennsylvania Department of Health (DOH) provides this guidance based on available information about COVID-19 and is subject to change. On January 4, the Centers for Disease Control and Prevention (CDC) clarified their guidelines for isolation and quarantine periods for the general public. Based on these updated recommendations, the Pennsylvania Department of Health (DOH) is updating guidance for individuals infected with and exposed to COVID-19. This guidance provides clarification on isolation and quarantine guidance based on vaccination status. This guidance applies to COVID-19 vaccines currently authorized for emergency use by the U.S. Food and Drug Administration (FDA), and to COVID-19 vaccines that have been authorized for emergency use by the World Health Organization (WHO). Currently authorized vaccines in the United States are highly effective at protecting vaccinated people against symptomatic and severe COVID-19. Data from clinical trials showed that a booster shot increased the immune response in trial participants who finished a Pfizer-BioNTech primary series 5 months earlier, a Moderna primary series 6 months earlier, or a J&J/Janssen single-dose vaccine 2 months earlier. With an increased immune response, people should have improved protection against getting infected with COVID-19. For Pfizer-BioNTech and J&J/Janssen, clinical trials also showed that a booster shot helped. CDC Updates and Shortens Recommended Isolation and Quarantine Period for General Population | CDC Online Newsroom | CDC COVID-19 Vaccines | FDA Status_COVID_VAX_20Jan2021_v2.pdf (who.int) CDC Recommends Pfizer Booster at 5 Months, Additional Primary Dose for Certain Immunocompromised Children | CDC Online Newsroom | CDC 2021-606-10-25-ADV-Booster Dose.pdf (pa.gov) Overview of COVID-19 Quarantine for K-12 Schools | CDC	**YES, PA-HAN-615, 607, 583, 566, 559, 488, 489, 538 and 551**
616	**12/30/2021**	**UPDATE ARCHIVED replaced by PA-HAN-621 and PA-HAN-622**	**UPDATE: Work Restrictions for Healthcare Personnel with Exposure to COVID-19** 616-1-5-Work Restriction (pa.gov)	**Archived Guidance:** Due to concerns about increased transmissibility of the SARS-CoV-2 Omicron variant, this guidance is being updated to enhance protection for healthcare personnel (HCP), patients, and visitors, and to address concerns about potential impacts on the healthcare system given a surge of SARS-CoV-2 infections. These updates will be refined as additional information becomes available to inform recommended actions. Updates include: The definition of higher-risk exposure was updated to include use of a facemask (instead of a respirator) by HCP if the infected person is not also wearing a facemask or cloth mask. Added options to mitigate staffing shortages that would allow asymptomatic HCP with a higher-risk exposure who have not received all COVID-19 vaccine doses, including booster dose, as recommended by CDC to return to work prior to the previously recommended 14-day post-exposure period of work restriction, assuming they do not develop symptoms or test positive for SARS-CoV-2. This guidance replaces PA-HAN-596. Additions are written in red. Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC	**YES, PA-HAN-616, 596, 569, 560, 477, 478, 484 and 510**

615	**12/30/2021**	**UPDATE ARCHIVED replaced by PA-HAN-619**	**Isolation and Quarantine Periods for COVID-19 for the General Population** 2021-PAHAN615-12-30-UPD-Iso and Quar_GenPop1.pdf	**Archived Guidance:** This version of PA-HAN 615 has been updated to reflect a correction in what is included in non-healthcare congregate settings. Persons who test positive for COVID-19 must isolate for 5 days. If after 5 days, the patient is asymptomatic or has resolving symptoms, their isolation period is over; however, they should still wear a mask around others until day 10. Persons who have been exposed to someone with COVID-19 and have received a booster vaccine or are within 6 months of receiving their primary vaccine series should wear a mask around others for 10 days, but do not need to quarantine. Persons who are unvaccinated or who are eligible (i.e., more than 6 months after primary vaccine series) but have not yet received a booster vaccine must quarantine at home for 5 days, and then wear a mask around others until Day 10. All exposed persons regardless of vaccination should test on Day 5 if possible. Heterologous dosing (e.g., mix-and-match vaccine products) may occur for the booster dose. Isolation guidance for healthcare workers can be found in PA-HAN-614. This guidance does NOT apply to non-healthcare congregate settings or to persons at higher risk for severe disease. Additional guidance is underway for these populations. Additional HAN messages are currently being created or revised to reflect these changes.	**YES, PA-HAN-607, 583, 566, 559, 488, 489, 538 and 551**
613	**12/23/2021**	**UPDATE ARCHIVED replaced by PA-HAN-634**	**COVID-19 Treatment Options** https://www.health.pa.gov/topics/Documents/HAN/2021-PAHAN-613-12-23-UPD-COVID%20treatment.pdf	**Archived Guidance:** On November 30, 2021, the U.S. government SARS-CoV-2 Interagency Group (SIG) classified Omicron (B.1.1.529 and BA lineages) as a Variant of Concern (VOC). Early in vitro data suggests that the monoclonal antibody treatment, sotrovimab, retains activity against the Omicron variant. Due to the ongoing threat of COVID-19, providers are encouraged to continue to consider the COVID-19 treatment options detailed in HAN 575. The FDA has issued Emergency Use Authorizations (EUAs) for anti-SARS-CoV-2 monoclonal antibodies, combination therapies bamlanivimab plus etesevimab and casirivimab plus imdevimab (REGEN-COV), and monotherapy (age>12 and weighing>40kg), with laboratory confirmed SARS-CoV-2 infection and mild-to-moderate COVID-19 disease who are at high risk of progressing to severe disease and/or hospitalization. The federal government's current supply of sotrovimab is extremely limited. Continued use of bamlanivimab plus etesevimab and casirivimab plus imdevimab (REGEN-COV) monoclonal antibody products is recommended while reserving sotrovimab for treatment of eligible outpatients at highest risk who are either: Diagnosed with a test that may identify a potential case of the Omicron variant (e.g., by S-gene Target Failure (SGTF) in the ThermoFisher TaqPath assay); or Are present in local settings where reported prevalence of Omicron is greater than 20%; and Meet criteria for administration of sotrovimab, per sotrovimab's EUA. Sotrovimab is not a substitute for COVID-19 vaccination and is not authorized for use as pre-exposure prophylaxis to prevent COVID-19. 2021-575-6-3-ADV-COVID Treatment.pdf (pa.gov) SOTROVIMAB-EUA.PDF (gskpro.com)	**NO**
614	**12/28/2021**	**UPDATE ARCHIVED replaced by PA-HAN-622**	**Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19** 2021-PAHAN-614-12-28-UPD-Return_Work HCP_b.pdf	**Archived Guidance:** Due to concerns about increased transmissibility of the SARS-CoV-2 Omicron variant, this guidance is being updated to enhance protection for healthcare personnel (HCP), patients, and visitors, and to address concerns about potential impacts on the healthcare system given a surge of SARS-CoV-2 infections. These updates will be refined as additional information becomes available to inform recommended actions. Updates include: Ensure that SARS-CoV-2 testing is performed with a test that is capable of detecting SARS-CoV-2, even with currently circulating variants in the United States. Updated recommendations regarding when HCP with SARS-CoV-2 infection could return to work. Updated contingency and crisis strategies for mitigating staff shortages. SARS-CoV-2 Viral Mutations: Impact on COVID-19 Tests | FDA	**YES, PA-HAN-595, 553, 499, 501, and 516**
610	**12/1/2021**	**UPDATE ARCHIVED replaced by PA-HAN-627**	**Response to an Outbreak and Residents with Exposure to COVID-19 for Long-term Care Facilities** https://www.health.pa.gov/topics/Documents/HAN/2021-610-11-30-UPD3-LTCF%20OB%20Response.pdf	**Archived Guidance:** This HAN provides guidance on response to exposure and outbreaks of COVID-19 with an update on visitation for long-term care facilities (LTCF) during the COVID-19 pandemic. It incorporates changes made by CMS to QSO-20-39-NH on November 12, 2021. The guidance in this HAN applies to skilled nursing facilities (SNFs), personal care homes (PCHs), and assisted living facilities (ALFs), and intermediate care facilities (ICFs) except regarding visitation. This visitation guidance applies only to SNFs. Other facility types should seek visitation guidance from their licensing agency. This guidance is designed to supplement the core measures outlined in PA-HAN-609 or its successor and supersedes PA-HAN-599. Changes have been noted in red. If you have additional questions about this guidance or would benefit from discussion to support infection prevention and control decisions in your facility, please contact DOH at 1-877-PA- HEALTH (1-877-724-3258) or your local health department. 2021-609-11-30-UPD3-Core Prevention.pdf (pa.gov) QSO-20-39-NH REVISED (cms.gov)	**YES, PA-HAN-599, 570, 567, 530, 509, 508, and 496**

609	**12/1/2021**	**UPDATE ARCHIVED replaced by PA-HAN-626**	**Core Infection Prevention and Control Measures for Long-term Care Facilities** https://www.health.pa.gov/topics/Documents/HAN/2021-609-11-30-UPD3-Core%20Prevention.pdf	**Archived Guidance:** This HAN provides guidance on core infection prevention and control measures for long-term care facilities (LTCF) during the COVID-19 pandemic and incorporates changes regarding visitation made by CMS to QSO-20-39-NH on November 12, 2021. The guidance supplements general guidance for all healthcare facilities given in PA-HAN-597. The guidance in this HAN applies to skilled nursing facilities (SNFs), personal care homes (PCHs), and assisted living facilities (ALFs), and intermediate care facilities (ICFs) except regarding visitation. This visitation guidance applies only to SNFs. Other facility types should seek visitation guidance from their licensing agency. This guidance replaces PA-HAN-598, additions are written in red. 2021-597-9-21-UPD-IPC for Healthcare.pdf (pa.gov) QSO-20-39-NH REVISED (cms.gov)	**YES, PA-HAN-598, 568, 530, 509, 508, and 496**
607	**10/25/2021**	**UPDATE ARCHIVED replaced by PA-HAN-615**	**Public Health Recommendations Given New Evidence on the SARS-CoV-2 Delta Variant** 2021-607-10-25-Updated PH Recomm.pdf (pa.gov)	**Archived Guidance:** This guidance replaces PA-HAN-583 and provides clarification on quarantine recommendations for persons exposed to SARS-CoV-2. Fully vaccinated people who have had a known exposure to someone with suspected or confirmed COVID-19 should be tested 5-7 days after exposure, and to wear a mask in public indoor settings for 14 days or until they receive a negative test. Individuals can be considered fully vaccinated >2 weeks after the receipt of the last dose if they have received any combination of two doses of an FDA approved COVID-19 two-dose series. Testing recommendations for fully vaccinated individuals who have ongoing exposure to someone with COVID-19 are now available.	**YES, PA-HAN-583, 566, 559, 488, 489, 538 and 551**
606	**10/25/2021**	**ADVISORY ARCHIVED replaced by PA-HAN-632**	**Recommendations regarding COVID-19 Vaccine Booster Dose** 2021-606-10-25-ADV-Booster Dose.pdf (pa.gov)	**Archived Guidance:** CDC guidance released on October 21, 2021 recommends that patients who received the primary series of any of the authorized COVID-19 vaccines may be eligible for a booster dose of a COVID-19 vaccine. The booster dose for the mRNA vaccines (Pfizer-BioNTech and Moderna) should occur 6 months or more after the initial series is complete and is only recommended for adults aged 18 and older who meet certain population criteria. The booster dose for the Johnson and Johnson COVID-19 vaccine should occur 2 months or more after the vaccine and is for all adults 18 and older who received the Johnson and Johnson vaccine as their initial vaccine. The booster dose for the Pfizer BioNTech vaccine and the Johnson and Johnson vaccines is the same as the original dose whereas the booster dose for the Moderna vaccine is half the original dose. Heterologous (Mix and Match) dosing can be considered for the booster. Recommendations regarding providing additional doses to moderately to severely immunocompromised people can be found in PA HAN 587. 2021-587-8-17-ADV-COVID vaccine.pdf (pa.gov) CDC Expands Eligibility for COVID-19 Booster Shots | CDC Online Newsroom | CDC	**NO**
599	**9/24/2021**	**UPDATE ARCHIVED replaced by PA-HAN-610**	**Response to an Outbreak and Residents with Exposure to COVID-19 for Long-term Care Facilities** 2021-599-9-24-UPD-LTCF OB Response.pdf (pa.gov)	**Archived Guidance:** This guidance has been updated to incorporate changes made by CDC on September 10, 2021. This guidance is designed to supplement the core measures outlined in PA-HAN-598 with additional information to outline the facility's response to a new suspected, probable, or confirmed case of COVID-19 in facility healthcare personnel (HCP) or a resident, or when a resident has been exposed to COVID-19. Key changes include: Outbreak response options are presented including a contact tracing approach or a unit-based or facility-wide approach. Removed quarantine recommendations for fully vaccinated residents who have had close contact with someone with SARS-CoV-2 infection, in most circumstances. An emphasis remains on testing and source control for these patients for 14 days following exposure. Clarification of the recommended intervals for testing asymptomatic residents following exposure to someone with SARS-CoV-2 infection. Removed discussion of Zones for cohorting of residents by exposure status. Cohorting will have limited applications under the new guidance. This guidance supersedes PA-HAN-570. If you have additional questions about this guidance or would benefit from discussion to support infection prevention and control decisions in your facility, please contact DOH at 1-877-PA-HEALTH or your local health department.	**YES, PA-HAN-570, 567, 530, 509, 508, and 496**
598	**9/24/2021**	**UPDATE ARCHIVED replaced by PA-HAN-609**	**Core Infection Prevention and Control Measures for Long-term Care Facilities** 2021-598-9-24-UPD-Core Prevention.pdf (pa.gov)	**Archived Guidance:** This HAN provides updates to guidance on core infection prevention and control measures for long-term care facilities (LTCF) during the COVID-19 pandemic and incorporates changes made by CDC on September 10, 2021. The guidance supplements general guidance for all healthcare facilities given in PA-HAN-597. Major changes to this guidance include removal of the sections on source control, eye protection, and physical distancing measures recommended for vaccinated and unvaccinated HCP and residents, as these recommendations are now consistent across all healthcare facility types. Refer to PA-HAN-597 for the updated guidance. This guidance replaces PA-HAN-568.	**YES, PA-HAN-568, 530, 509, 508, and 496**
597	**9/21/2021**	**UPDATE ARCHIVED replaced by PA-HAN-624**	**Interim Infection Prevention and Control Recommendations for Healthcare Settings during the COVID-19 Pandemic** 2021-597-9-21-UPD-IPC for Healthcare.pdf (pa.gov)	**Archived Guidance:** This HAN Update provides comprehensive information regarding infection prevention and control for COVID-19 in healthcare settings based on changes made by CDC on September 10, 2021. The content of this HAN has been re-organized to more closely align with the formatting of CDC guidance, but contains similar content to previously available HANs. Major additions and edits in this version include: Added options for fully vaccinated persons to forgo source control in limited situations in healthcare facilities in counties with low to moderate community transmission. Removed quarantine recommendations for fully vaccinated patients who have had close contact with someone with SARS-CoV-2 infection, in most circumstances. An emphasis remains on testing and source control for these patients for 14 days following exposure. Clarification of the recommended intervals for testing asymptomatic persons following exposure to someone with SARS-CoV-2 infection. Compiled several healthcare guidance documents, including guidance for dental settings (PA-HAN-521), hospital outbreak response (PA-HAN-544) and the discontinuation of Transmission-based Precautions for COVID-19 (PA-HAN-554).	**YES, PA-HAN- 563 (486, 490, 497, 520, and 524), PA-HAN-554 (502 and 517), PA-HAN-544, and PA-HAN-521**

596	**9/16/2021**	**UPDATE ARCHIVED replaced by PA-HAN-616**	**Work Restrictions for Healthcare Personnel with Exposure to COVID-19** UPDATE: Work Restrictions for Healthcare Personnel with Exposure to COVID-19 (pa.gov)	**Archived Guidance:** There are minor changes to the guidance on how to evaluate and respond to exposure of healthcare personnel (HCP) to COVID-19. This update adds the following clarifications: Asymptomatic HCP with a higher-risk exposure, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but not earlier than 2 days after the exposure if the date of a discrete exposure is known) and 5–7 days after exposure. For vaccinated HCP who are not excluded from work following a higher-risk exposure, source control should be maintained at all times while in the healthcare facility for 14 days following exposure. Changes were made to Section 5 outlining when to consider quarantine for fully vaccinated or recently infected (<90 days prior) HCP. Specific changes include: Removing the recommendation for those who are exposed to a novel variant, and adding a recommendation to consider quarantine for these persons in the event of ongoing transmission within a facility that is not controlled with initial interventions.	**YES, PA-HAN-621, 616, 569, 560, 477, 478, 484 and 510**
595	**9/16/2021**	**UPDATE ARCHIVED replaced by PA-HAN-614**	**Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19** Health Update - 595 - Return to Work (pa.gov)	**Archived Guidance:** Minor updates were made to the CDC guidance for Return-to-Work Criteria for healthcare personnel (HCP) on September 10, 2021. These updates include: The definition of immunocompromised has changed based on evolving science, and now refers to the CDC guidance. When using a symptom-based strategy to determine when HCP with severe to critical illness or who are moderately to severely immunocompromised can return to work, the language has changed to rely more on clinical judgement. In brief, HCP in this category can return to work when at least 10 days and up to 20 days have passed since symptoms first appeared. If you have additional questions about this guidance or would benefit from discussion to support infection prevention and control decisions in your facility, please contact DOH or your local health department.	**YES, PA-HAN-553, 499, 501, and 516**
583	**7/30/2021**	**UPDATE ARCHIVED replaced by PA-HAN-607**	**Public Health Recommendations – Testing, Isolation, and Quarantine by Vaccination Status** 2021-583-7-30-UPD-Fully Vaccinated.pdf (pa.gov)	**Archived Guidance:** In counties with substantial or high transmission, CDC and DOH recommend all persons, regardless of vaccination status, to wear a mask in public indoor settings. Fully vaccinated people who have had a known exposure to someone with suspected or confirmed COVID-19 to be tested 2-5 days after exposure, and should wear a mask in public indoor settings for 14 days or until they receive a negative test. Regardless of vaccination status, any person with new or unexplained symptoms of COVID 19 still needs to isolate and be evaluated for SARS-CoV-2 testing.	**YES, PA-HAN-566, 559, 488, 489, 538 and 551**
572	**5/25/2021**	**UPDATE ARCHIVED replaced by PA-HAN-636**	**Multisystem Inflammatory Syndrome in Adults (MIS-A) Case Definition** 2021-572-5-25-UPD-MIS_A.pdf (pa.gov)	**Archived Guidance:** Multisystem inflammatory syndrome in children (MIS-C) is a rare but severe complication in children and young adults infected with SARS-CoV-2, the virus that causes COVID-19. Since June 2020, several case reports describe a similar multisystem inflammatory syndrome in adults (MIS-A). MIS-A is usually severe, with patients requiring intensive care; outcomes can be fatal. On May 20, CDC released a standard case definition for MIS-A. Clinicians should consider MIS-A in adults with compatible signs and symptoms. These patients might not have positive SARS-CoV-2 PCR or antigen test results, and antibody testing might be needed to confirm previous SARS-CoV-2 infection. Case definition criteria should be thoroughly reviewed, as MIS-A can be difficult to distinguish from severe COVID-19 infections. Healthcare providers should report suspect cases of MIS-A by faxing the attached case report form to 717-772-6975 or your local health department or by emailing the form to ra-dhcovidcontact@pa.gov. Multisystem Inflammatory Syndrome Associated with COVID-19 Case Report Form (pa.gov)	**YES, PA-HAN-557**
570	**5/10/2021**	**UPDATE ARCHIVED replaced by PA-HAN-599**	**Response to an Outbreak and Residents with Exposure to COVID-19 for Long-term Care Facilities** UPDATE: Response to an Outbreak and Residents with Exposure to COVID-19 for Long-term Care Facilities (pa.gov)	**Archived Guidance:** A figure has been added to the end of this Advisory to assist with decision-making in response to an outbreak. Clarification has been added about visitation during outbreaks. This guidance is designed to supplement the core measures outlined in PA-HAN-568 with additional information to outline the facility's response to a new suspected, probable, or confirmed case of COVID-19 in facility healthcare personnel (HCP) or a resident, or when a resident has been exposed to COVID-19. This guidance is specific for long-term care facilities but may also be applicable to other congregate and residential settings. The guidance is consistent with current CMS guidance on prevention, visitation, and testing, and is designed to provide additional details to outline common situations that occur in the LTCF.	**YES, PA-HAN-567, 530, 509, 508, and 496 supplement to PA-HAN-568**
569	**4/30/2021**	**UPDATE ARCHIVED replaced by PA-HAN-596**	**Work Restrictions for Healthcare Personnel with Exposure to COVID-19** 2021-569-4-30-UPD-Work Restriction.pdf (pa.gov)	**Archived Guidance:** The existing guidance on how to evaluate and respond to exposure of healthcare personnel (HCP) to COVID-19 in the healthcare setting has not changed, but additional items were added in PA-HAN-560 to clarify the post-exposure recommendations. Guidance was also been expanded to address HCP with community and household exposures. This update to PA-HAN-560 adds additional information about testing of HCP following higher-risk exposure: Anyone with symptoms of COVID-19, regardless of vaccination status, should receive a viral test immediately. Asymptomatic HCP with a higher-risk exposure, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately and 5–7 days after exposure. In healthcare facilities with an outbreak of SARS-CoV-2, recommendations for viral testing HCP, residents, and patients remain unchanged. This guidance replaces PA-HAN-560.	**YES, PA-HAN-560, 477, 478, 484 and 510**
568	**4/27/2021**	**UPDATE ADVISORY replaced by PA-HAN-598**	**Core Infection Prevention and Control Measures for Long-term Care Facilities** 2021-568-4-30-UPD-Core Prevention.pdf (pa.gov)	**Archived Guidance:** This advisory provides guidance on core infection prevention and control measures for long-term care facilities (LTCF) during the COVID-19 pandemic. The guidance supplements general guidance for all healthcare facilities given in PA-HAN-563. Additional guidance for LTCFs, which can be more conservative than what is recommended for other healthcare settings, is necessary due to the increased risk of transmission and increased risk of severe health outcomes related to COVID-19 in this setting.	**YES, PA-HAN-530, 509, 508, and 496 supplement to PA-HAN-563**

567	**4/27/2021**	**UPDATE ARCHIVED replaced by PA-HAN-570**	**Response to an Outbreak and Residents with Exposure to COVID-19 for Long-term Care Facilities** 2021-567-4-30-UPD-LTCF OB Response.pdf (pa.gov)	**Archived Guidance**: This guidance is designed to supplement the core measures outlined in PA-HAN-568 with additional information to outline the facility's response to a new suspected, probable, or confirmed case of COVID 19 in facility healthcare personnel (HCP) or a resident, or when a resident has been exposed to COVID 19. This guidance is specific for long-term care facilities but may also be applicable to other congregate and residential settings. The guidance is consistent with current CMS guidance on prevention, visitation, and testing, and is designed to provide additional details to outline common situations that occur in the LTCF.	**YES, PA-HAN-530, 509, 508 and 496**
566	**4/27/2021**	**UPDATE ARCHIVED replaced by PA-HAN-583**	**Public Health Recommendations for People Fully Vaccinated Against COVID-19** Public Health Recommendations for People Fully Vaccinated Against COVID-19 (pa.gov)	**Archived Guidance:** This guidance provides clarification on quarantine recommendations for persons exposed to SARS-CoV-2. This guidance applies to COVID-19 vaccines currently authorized for emergency use by FDA or WHO. Persons in non-healthcare congregate settings, high-density workplaces, and dormitories who are fully vaccinated and asymptomatic should be tested after an exposure to COVID 19, but quarantine is not necessary. Fully vaccinated asymptomatic people with no known exposure should be exempted from routine screening testing programs. Regardless of vaccination status, any person with new or unexplained symptoms of COVID-19 still needs to isolate and be evaluated for SARS-CoV-2 testing.	**YES, PA-HAN-559, 488, 489, 538 and 551**
565	**4/27/2021**	**ADVISORY ARCHIVED replaced by PA-HAN-575**	**COVID-19 Treatment Options** 2021-565-4-27-ADV-Treatment Options.pdf (pa.gov)	**Archived Guidance:** With the ongoing threat of COVID-19, providers are encouraged to consider all options for COVID-19 treatment. The FDA has issued Emergency Use Authorizations (EUAs) for anti-SARS-CoV-2 monoclonal antibodies, combination therapies bamlanivimab plus etesevimab and casirivimab plus imdevimab for use in non-hospitalized patients (age>12 and weighing>40kg), with laboratory confirmed SARS-CoV-2 infection and mild-to-moderate COVID-19 disease who are at high risk of progressing to severe disease and/or hospitalization. Bamlanivimab by itself no longer has an EUA as of 4/16/21, due to emerging data regarding SARS-CoV-2 viral variants' resistance to this agent when used alone. It is recommended to administer these drugs as soon as possible after a positive SARS-CoV-2 test result, and within 10 days of symptom onset. Remdesivir continues to be the only FDA approved drug for the treatment of hospitalized patients with COVID-19 who require supplemental oxygen. Dexamethasone, and its equivalent corticosteroids, continues to be recommended for hospitalized patients who require mechanical ventilation; the greatest improvement of survival is shown in this group, and to a lesser degree in hospitalized patients who require supplemental oxygen. If corticosteroids are contraindicated, baricitinib plus remdesivir may be used.	**NO**
563	**4/9/2021**	**UPDATE ARCHIVED replaced by PA-HAN-597**	**Interim Infection Prevention and Control Recommendations for Healthcare Settings during the COVID-19 Pandemic** 2021-563-4-9-UPD-IPC for Healthcare.pdf (pa.gov)	**Archived Guidance:** This HAN Update provides comprehensive information regarding infection prevention and control for COVID-19 in healthcare settings. Major additions and edits in this version (compared to HAN 524) are written in red and include: Edited language to emphasize that to be effective, facemasks and cloth face coverings must be well-fitting. The addition of options for screening patients, visitors, and healthcare personnel (HCP) upon entry to the healthcare facility. The recommendation to utilize universal use of eye protection for all patient care encounters now excludes facilities located in areas with minimal to no community transmission. Applicable definitions are provided at the end of the Update. The addition of clarifying language to indicate that the prevention measures indicated for persons with COVID-19 are also indicated for persons on quarantine. Respirators are recommended for care of persons with COVID-19. Language suggesting the use of facemasks if respirators are not available has been removed.	**YES, PA-HAN-486, 490, 497, 520, and 524**
562	**3/24/2021**	**UPDATE ARCHIVED replaced by PA-HAN-601**	**Quarantine Recommendations After SARS-CoV-2 Antibody Test** 2021-PAHAN-562-3-24-ADV - Quarantine.pdf	**Archived Guidance:** The Centers for Disease Control and Prevention (CDC) updated its quarantine recommendations to include use of SARS-CoV-2 antibody test results. Persons who test positive for SARS-CoV-2 antibodies do not need to quarantine following a known exposure if the following criteria are met: 1. The person is in a low risk situation (e.g., no contact with persons at high risk of COVID-19 severe illness for 14 days); AND, 2. The person remains asymptomatic; AND, 3. The person had a known exposure and has had a positive antibody test during the 3 months prior to the exposure; OR, 4. The person receives a positive antibody test within 7 days following an exposure. This guidance does NOT apply to healthcare facility patients, residents, and staff. Regardless of antibody test results, persons who exhibit new or unexplained symptoms of COVID-19 still need to isolate and be evaluated for COVID-19 testing. DOH continues to recommend COVID-19 prevention measures such as masking, physical distancing, avoiding nonessential travel, and hand hygiene for all people regardless of vaccination status or past history of COVID-19 infection.	**NO**
560	**3/16/2021**	**UPDATE ARCHIVED replaced by PA-HAN-569**	**UPDATE: Work Restrictions for Healthcare Personnel with Exposure to COVID-19** 2021-PAHAN - 560- 03-16-UPD- Work Restrictions for HCP with Exposure to COVID-19.pdf	**Archived Guidance:** The existing guidance on how to evaluate and respond to exposure of healthcare personnel (HCP) to COVID-19 in the healthcare setting has not changed, but additional items have been added to this guidance to clarify the post-exposure recommendations. Guidance has also been expanded to address HCP with community and household exposures. Highlights of this guidance include: 1. A definition of a higher-risk exposure is outlined and includes exposures in the community, household, or healthcare setting. 2. Work restriction of asymptomatic HCP with a higher-risk exposure who have recovered from SARS-CoV-2 infection in the prior 3 months and asymptomatic HCP who are fully vaccinated is not necessary in most circumstances. However, this guidance outlines situations in which work restriction may be appropriate for these HCP. 3. Options to allow exposed HCP to continue to work as part of strategies to mitigate staffing shortages are given based on a risk spectrum to aid in decision-making and development of emergency management plans.	**YES, PA-HAN-477, 478, 484, and 510**
559	**3/16/2021**	**UPDATE ARCHIVED replaced by PA-HAN-566**	**Updated Quarantine Recommendations for Persons Exposed to COVID-19** 2021-PAHAN-559-3-16-UPD - Updated Quarantine full vac.pdf	**Archived Guidance:** This guidance replaces PA-HAN-538 and PA-HAN-551 and provides clarification on quarantine recommendations for person exposed to COVID-19. This guidance provides information about the need for quarantine for both individuals who are and are not fully vaccinated. Quarantine guidance for health care personnel can be found in PA-HAN-560, however, some quarantine guidance for inpatients and residents in healthcare settings can be found in PA-HAN-559. If you have questions about this guidance, please call your local health department or 1- 877-PA-HEALTH (1-877-724-3258). 1. Recommendations for Individuals Who Are Not Fully Vaccinated 2. Recommendations for Asymptomatic Fully Vaccinated Individuals 3. Recommendations for Residents and Patients in Healthcare Settings.	**YES, PA-HAN-488, 489, 538, and 551**

557	**3/9/2021**	**ADVISORY ARCHIVED replaced by PA-HAN-572**	**Call for Cases: Multisystem Inflammatory Syndrome in Adults (MIS-A)** 2021-PAHAN-557-03-09-ADV -Multisyste.pdf	**Archived Guidance:** Clinicians should consider Multisystem Inflammatory Syndrome in Adults (MIS-A) with compatible signs and symptoms to the pediatric Multisystem Inflammatory Syndrome. MIS-C Clinical features in children and young adults (aged 18-20 years) have varied but predominantly include shock, cardiac dysfunction, abdominal pain, and elevated inflammatory markers. These patients might not have positive SARS-CoV-2 PCR or antigen test results; therefore, antibody testing might be needed to confirm previous SARS-CoV-2 infection. Reporting: Healthcare providers must report suspect cases of MIS-A which meet the case definition criteria and with onsets on or after Jan 1, 2021. Multisystem Inflammatory Syndrome Associated with COVID-19 Case Report Form (pa.gov)	**NO**
554	**2/23/2021**	**UPDATE ARCHIVED replaced by PA-HAN-597**	**Discontinuation of Transmission-Based Precautions for Patients with COVID-19** 2021-PAHAN-554-2-23-UPD -Discontinua.pdf	**Archived Guidance:** The decision to discontinue Transmission-Based Precautions for patients with confirmed COVID-19 should be made using a symptom-based strategy as described in HAN. Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility. A test-based strategy is not recommended (except as noted below) because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS CoV-2 RNA but are no longer infectious.	**YES, PA-HAN-502 and 517**
553	**2/22/2021**	**UPDATE ARCHIVED replaced by PA-HAN-595**	**Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19** 2021-PAHAN-553-2-22-UPD -Return to W.pdf	**Archived Guidance:** Updates were made to the CDC guidance for Return-to-Work Criteria for healthcare personnel (HCP) on February 16, 2021. These changes include: HCP who are severely immunocompromised could remain infectious more than 20 days after symptom onset. For these HCP: Consultation with infectious diseases and infection prevention and control specialists is recommended. Consider use of a test-based strategy for determining when these HCP may return to work.	**YES, PA-HAN-498, 499, 501, and 516**
551	**2/12/2021**	**UPDATE ARCHIVED replaced by PA-HAN-559**	**Quarantine Recommendations After SARS-CoV-2 Vaccination** Quarantine Recommendations After SARS-CoV-2 Vaccination	**Archived Guidance:** On February 10, 2021, the Centers for Disease Control and Prevention (CDC) updated its quarantine recommendations to reflect SARS-CoV-2 vaccination status. People who are vaccinated against COVID-19 do NOT need to quarantine after an exposure to another person with COVID-19 if they meet ALL of the following criteria: They are fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine); They are within 3 months following receipt of the last dose in the series; AND, They have remained asymptomatic since the current COVID-19 exposure. These criteria can be applied to healthcare providers (HCPs) as a strategy to alleviate staffing shortages but does NOT apply to inpatients or residents in healthcare settings. Regardless of vaccination status, persons who exhibit new or unexplained symptoms of COVID-19 still need to isolate and be evaluated for COVID-19 testing. Close contacts who have not received vaccine or who do not meet all of the above criteria must follow existing quarantine guidance. DOH continues to recommend COVID-19 prevention measures such as masking, physical distancing, avoiding nonessential travel, and hand hygiene for all people regardless of vaccination status.	**NO**
548	**1/22/2021**	**UPDATE ARCHIVED replaced by PA-HAN-605**	**Point of Care Antigen Test Use and Interpretation** UPDATE: Point of Care Antigen Test Use and Interpretation (pa.gov)	**Archived Guidance:** This Health Update provides recommendations and considerations for point-of-care (POC) antigen testing and replaces the guidance provided in PA-HAN-532. The availability and use of point of care (POC) antigen tests to detect SARS-CoV-2 are increasing. The main advantage of using these antigen tests is the rapid turnaround time for results; however, these tests are not as sensitive as molecular tests (i.e., PCR). Some sites may be new to using these POC tests and, in order to ensure accuracy of results, facilities conducting these tests should become familiar with good laboratory practices. Some laboratory best practices and suggestions for preventing errors are included in this message. Individuals using POC tests should understand antigen test performance characteristics in order to recognize potentially false negative or false positive results and to guide patient management. Assessment of the person being tested, which would include the likelihood they have the disease or were exposed to COVID-19, should be considered when interpreting antigen test results and assessing the potential need for additional testing. The following message is being disseminated to address questions associated with antigen tests and assist with the use and interpretation of POC antigen test results. While some information contained in this HAN may be useful for long term care facilities, separate guidance for using antigen tests and the associated public health response in these facilities has been previously disseminated. Long term care facilities using antigen tests should refer to guidance disseminated in PA-HAN-547.	**YES, PA-HAN-532**
547	**1/22/2021**	**UPDATE ARCHIVED, not replaced**	**Point-of-Care Antigen Testing for Long-term Care Facilities** 2020-PAHAN-547-01-22- UPDATE POC Antigen LTCF.pdf	**Archived Guidance**: This Health Update provides recommendations and considerations for point-of-care (POC) antigen testing for SARS-CoV-2 in long-term care facilities and replaces the guidance provided in PA-HAN-526. Key changes to the guidance include: Generally, a positive antigen test in an asymptomatic person (resident or HCP) should be followed by a confirmatory molecular test within 48 hours; Generally, a negative antigen test in a symptomatic person (resident or HCP) should be followed by a confirmatory molecular test within 48 hours; When awaiting results of confirmatory testing, individuals should be treated as potentially infectious (Transmission-Based Precautions for residents and work exclusion for HCP); A positive antigen test followed by a negative viral test collected within 48 hours using adequate technique should be treated as a false positive, regardless of the outbreak status of the facility. For more information about POC testing in general, please visit our POC testing website.	**YES, PA-HAN-526**

544	**12/30/2020**	**ADVISORY ARCHIVED replaced by PA-HAN-597**	**Hospital COVID-19 Outbreak Exposure and Response** 2020-PAHAN-544-12-30 - Hospital Outb.pdf	**Archived Guidance:** The Pennsylvania Department of Health is providing guidance for hospitals on how to respond to COVID-19 outbreaks originating within the facility. This guidance should be used to supplement other relevant guidance documents and guide the implementation of public health expectations for hospitals. Key messages included in the guidance: COVID-19 outbreak response in the hospital setting requires implementation of key response tools including cohorting, testing, and patient notification. Outbreaks where transmission has occurred without clear epidemiologic links will require more widespread response, whereas smaller outbreaks with clearly defined epidemiologic linkages may be manageable with limited intervention. Acute care facilities should have plans to notify exposed HCP, patients and visitors, and offer testing and counseling.	**NO**
540	**12/9/2020**	**ADVISORY ARCHIVED replaced by PA-HAN-701**	**Hospital Outbreak Identification and Reporting for COVID-19** 2020-PAHAN-540-12-9-HOSPITAL OUTBREA.pdf	**Archived Guidance:** The Department is providing guidance for hospitals on how to identify and report COVID-19 outbreaks originating within the facility. This guidance should be used to supplement other relevant guidance documents and guide the implementation of public health expectations for hospitals. Key messages included in the guidance: COVID-19 surveillance procedures must be outlined via written policy and implemented in a way that can systematically identify clusters Outbreak Definition: o ≥2 cases of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition, with epi-linkage† ; or o ≥3 cases of confirmed COVID-19 in HCP* with epi-linkage‡ AND no other more likely sources of exposure for at least 2 of the cases Outbreaks fitting the definition outlined in this advisory must be reported through the Pennsylvania Patient Safety Reporting System (PA-PSRS) as an infrastructure failure. This does not replace reporting of COVID-19 cases or capacity data in other state or federal systems.	**NO**
538	**12/4/2020**	**UPDATE ARCHIVED replaced by PA-HAN-559**	**Updated Quarantine Recommendations for Persons Exposed to COVID-19** 2020-PAHAN-538-12-4-ALT - Updated Quarantine Recommendations for Persons Exposed to COVID-19.pdf	**Archived Guidance:** DOH is providing options to shorten quarantine for contacts of persons with SARS-CoV-2 infection. The most protective recommended quarantine period remains at 14 days post exposure. Quarantine can end after Day 10 without testing if no symptoms have been reported during daily monitoring. When testing resources are sufficient, quarantine can end after day 7 if a diagnostic specimen (e.g., RT-PCR, antigen) tests negative and is collected on day 5 or thereafter and the person remains asymptomatic. Quarantine may not be further shortened beyond the end of day 7. Testing of symptomatic persons seeking evaluation for infection must be prioritized over testing for early discontinuation of quarantine. These updated recommendations are for the community at large and do not apply to healthcare settings. If you have questions about this guidance, please call your local health department or 1- 877-PA-HEALTH (1-877-724-3258).	
534	**10/30/2020**	**UPDATE ARCHIVED replaced by PA-HAN-633**	**Guidance for Reporting Point of Care SARS-CoV-2 Test Results** Update: Guidance for Reporting Point of Care SARS-CoV-2 Test Results (pa.gov)	**Archived Guidance:** The U.S. Food and Drug Administration (FDA) has issued Emergency Use Authorizations (EUA) for a number of COVID-19 point of care (POC) tests for rapid detection of SARS CoV-2. These POC tests may be used by both traditional healthcare providers (e.g., hospitals, outpatient providers) and by non-traditional settings who have appropriate CLIA Certificate to conduct this testing. All entities conducting these POC tests are required to report these results, including positive, negative, and inconclusive/indeterminate, to public health authorities through PA NEDSS. On October 19, 2020, HHS updated its reporting guidance to indicate that CMS-certified long-term care facilities are required to use National Healthcare Safety Network (NHSN) to fulfill POC test reporting. Additional information regarding this process are detailed in this message. Several mechanisms have been established for facilities not required to report via NHSN which will ensure reporters are compliant in providing the results of POC tests. **REPORTING for CMS-certified Long-Term Care Facilities:** On October 15, 2020, the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) added a Point-of-Care (POC) Laboratory Reporting Tool within the NHSN Long-Term Care Facility COVID-19 Module. This added capability enables Centers for Medicare & Medicaid Services (CMS)-certified long-term care facilities to meet the Department of Health and Human Services' (HHS) requirement to report SARS-CoV-2 point-of-care antigen test data and other on-site COVID-19 laboratory testing data reporting requirements. **All other reporters:** All entities conducting testing to identify SARS-CoV-2, the virus that causes COVID-19, are required to report positive, inconclusive/indeterminate, and negative results to PA-NEDSS within 24 hours of test completion.	**YES, PA-HAN-531**
532	**10/8/2020**	**ADVISORY ARCHIVED replaced by PA-HAN-548**	**Point of Care Antigen Test Use and Interpretation** 2020-PAHAN-532-10-8-ADV-POC_use_inte.pdf	**Archived Guidance:** The availability and use of antigen tests to detect SARS-CoV-2 is increasing. The main advantage of using these antigen tests is the rapid turnaround time for results; however, these tests are not as sensitive as molecular tests. This guidance is designed to describe what an antigen test is and how it differs from PCR testing, some best practices for sites conducting these tests, when POC antigen testing should be considered, and circumstances that should be considered when interpreting antigen test results.	**NO**
531	**10/8/2020**	**ADVISORY ARCHIVED replaced by PA-HAN- 534**	**Guidance for Reporting Point of Care SARS-CoV-2 Test Results** 2020-PAHAN-531-10-8-ADV-COVID_labrep.pdf	**Archived Guidance:** The U.S. Food and Drug Administration (FDA) has issued Emergency Use Authorizations (EUA) for a number of COVID-19 point of care (POC) tests for rapid detection of SARS CoV-2. These POC tests may be used by both traditional healthcare providers (e.g., hospitals, outpatient providers) and by non-traditional settings who have appropriate CLIA Certificate to conduct this testing. All entities conducting these POC tests are required to report these results, including positive, negative, and inconclusive/indeterminate, to public health authorities through PA NEDSS. A number of mechanisms have been established to ensure reporters can be compliant in providing the results of POC tests.	**NO**

530	**10/7/2020**	**ADVISORY ARCHIVED replaced by PA-HAN-567, 568, and 570**	**Long-term Care Facility Guidance for Testing and Cohorting: Response to an Outbreak and Residents with Exposure to COVID- 19** 2020-PAHAN-530-10-7-ADV-TESTING UPDA.pdf	**Archived Guidance:** The Department is providing guidance for long-term care facilities on how to use testing and cohorting as tools to reduce transmission in the event of an outbreak in the facility or an exposure to residents. This guidance applies to a wide range of settings and is not limited to skilled nursing facilities. This guidance supersedes PA-HAN-509. This guidance outlines: Long-term Care Facility testing response to a case of COVID-19 o Test all residents and HCP in the facility even if baseline testing has been completed in the past. o Do not re-test any residents or staff with a history of SARS-CoV-2 infection within the previous 90 days. Facility response when a resident has known exposure to COVID-19 in a outpatient health care setting or a community-based setting (e.g. social outing). o Even if symptoms are not present, test the resident for SARS-CoV-2. Ideally, wait at least 2-3 days following the exposure to perform testing. Testing considerations and post-testing actions, including cohorting. These recommendations are consistent with previous guidance provided in PA-HAN-509 but have been updated to incorporate antigen POC testing. Facilities are reminded that all test results, including those from POC testing need to be reported to PA-NEDSS.	**YES, PA-HAN 508 and 509**
529	**10/2/2020**	**UPDATE ARCHIVED replaced by PA-HAN-636**	**Multisystem Inflammatory Syndrome in Children (MIS-C)** 2020-PAHAN-529-10-02-UPD - Multisyst.pdf	**Archived Guidance:** As of October 1, the Pennsylvania Department of Health is reporting 49 confirmed cases of multisystem inflammatory syndrome in children (MIS-C). Healthcare providers should report suspected cases among patients younger than 21 years of age meeting MIS-C criteria through PA-NEDSS or by calling 1-877-PA-HEALTH (1-877- 724-3258) or your local health department. Some individuals may fulfill full or partial criteria for Kawasaki disease but should be reported if they meet the case definition for MIS-C. Coroners and medical examiners should consider MIS-C in any pediatric death with evidence of SARS-CoV-2 infection.	**YES, PA-HAN-506**
526	**9/17/2020**	**ADVISORY ARCHIVED replaced by PA-HAN- 547**	**Point-of-Care Antigen Testing for SARS-CoV-2 in Long-term Care Facilities** 2020-PAHAN-526-09-17-ADV- POC Antige.pdf	**Archived Guidance:** This Health Advisory provides recommendations and considerations for use of SARS-CoV-2 (the virus that causes COVID-19) POC antigen testing in nursing homes. The advisory focuses on the use and interpretation of results. For more information about POC testing in general, including reporting requirements, test machine specifics, and links to resources, please visit DOH POC COVID-19 testing website.	**NO**
524	**9/10/2020**	**UPDATE ARCHIVED PA-HAN-563**	**Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID 19) in a Healthcare Setting** UPDATE: Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID-19) in a Healthcare Setting	**Archived Guidance:** This HAN Update provides comprehensive information regarding infection prevention and control for COVID-19 in healthcare settings. The changes in this updated version of PA HAN 520 reflect an emphasis on the utility of universal eye protection for healthcare worker safety and exposure reduction. Additions and edits in this version (compared to HAN 520) include: Healthcare personnel (HCP) should adhere to using universal eye protection, in addition to a facemask, for all patient care encounters. And updated language regarding the use of respirators for suspected or confirmed COVID-19 cases in accordance with the Secretary's Order.	**YES, PA-HAN-486, 490, 497, and 520**
521	**8/13/2020**	**ADVISORY ARCHIVED replaced by PA-HAN- 597**	**Exposure to COVID-19 in the Dental Care Setting** 2020-PAHAN-521-08-13-ADV - Dental Ex.pdf	**Archived Guidance:** Unique characteristics of the dental care setting require specific infection prevention and control considerations in order to prevent the transmission of COVID-19. As persons with COVID-19 may be asymptomatic and pre-symptomatic, exposure to COVID-19 in the dental setting may still occur despite aggressive prevention measures. This HAN provides guidance for the response to a case of COVID-19 in a dental healthcare personnel (DHCP) or patient, including how to identify those at risk of exposure when the positive case is the dental healthcare personnel and/or a patient.	**NO**
520	**8/7/2020**	**UPDATE ARCHIVED replaced by PA-HAN-524**	**Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID 19) in a Healthcare Setting** 2020-PAHAN-520-08-07-UPD_ Infection.pdf	**Archived Guidance:** This HAN Update provides comprehensive information for infection prevention and control for COVID-19 in healthcare settings. Most recommendations in this updated guidance are not new; they have been reorganized into the following sections: Recommended infection prevention and control (IPC) practices for routine healthcare delivery during the pandemic Recommended IPC practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection New recommendations include: Healthcare personnel (HCP) working in facilities located in areas with moderate to substantial community transmission should wear eye protection in addition to a facemask for all patient care encounters Added language that protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.	**YES, PA-HAN-486, 490 and 497**
517	**7/18/2020**	**UPDATE ARCHIVED replaced by PA-HAN-554**	**Discontinuation of Transmission-Based Precautions for Patients with COVID-19** 2020-PAHAN-517-07-18-UPD - UPDATE- D.pdf	**Archived Guidance:** Updates were made to the CDC guidance for discontinuing Transmission-Based Precautions on July 17, 2020. These changes include: Except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions. For patients with severe to critical illness or who are severely immunocompromised the recommended duration for Transmission-Based Precautions was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised patients, 20 days after their initial positive SARS-CoV-2 diagnostic test). Other symptom-based criteria were modified as follows: Changed from "at least 72 hours" to "at least 24 hours" have passed since last fever without the use of fever-reducing medications. Changed from "improvement in respiratory symptoms" to "improvement in symptoms" to address expanding list of symptoms associated with COVID-19.	**YES, HAN-502**

516	**7/18/2020**	**UPDATE ARCHIVED replaced by PA-HAN- 553**	**Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19** 2020-PAHAN-516-07-18-UPD - UPDATE-Return to Work for Healthcare Personnel.pdf	**Archived Guidance:** Updates were made to the CDC guidance for Return-to-Work Criteria for healthcare personnel (HCP) on July 17, 2020. These changes include: Except for rare situations, a test-based strategy is no longer recommended to determine when to allow HCP to return to work. For HCP with severe to critical illness or who are severely immunocompromised, the recommended duration for work exclusion was extended to 20 days after symptom onset (or 20 days after their initial positive SARS-CoV-2 diagnostic test for asymptomatic persons). Other symptom-based criteria were modified as follows: Changed from "at least 72 hours" to "at least 24 hours" have passed since last fever without the use of fever-reducing medications. Changed from "improvement in respiratory symptoms" to "improvement in symptoms" to address expanding list of symptoms associated with COVID-19.	**YES, PA-HAN-499 and 501**
510	**6/1/2020**	**UPDATE ARCHIVED replaced by PA-HAN- 560**	**Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19** 2020-PAHAN-510-06-01-UPD-UPDATE Expo.pdf	**Archived Guidance:** This guidance has been updated to simplify the determination of risk exposures warranting work restriction. Highlights of the guidance include: Resume contact tracing and application of work restrictions in areas where spread of COVID-19 in the community has decreased Focus on exposures believed to result in higher risk for healthcare personnel (HCP) (i.e., prolonged exposure to patients with COVID-19 when HCP's eyes, nose, or mouth are not adequately covered) The definition of "prolonged exposure" was extended to refer to a time period of 15 or more minutes of close contact (within ≤ 6 feet). However, any duration should be considered prolonged if the exposure occurs during performance of an aerosol generating procedure.	**NO**
509	**6/1/2020**	**UPDATE ARCHIVED replaced by PA-HAN-530**	**Testing Guidance for COVID-19 in Long-term Care Facilities Residents and Healthcare Personnel** 2020-PAHAN-509-UPDATE-Testing LTCF.pdf	**Archived Guidance:** This version of PA-HAN-509 has been updated to reflect a correction to the email address for DOH licensed facilities to request support for COVID-19 testing: RA DHCOVIDTESTING@pa.gov. The Department is providing updated guidance for testing in long-term care facility (LTCF) residents. This guidance applies to a wide range of settings and is not limited to skilled nursing facilities. Updates to the guidance bring a renewed focus on: Keeping COVID-19 out of the facility by conducting baseline testing of all staff and residents. Detecting cases quickly with facility-wide testing upon detection of a new case in a resident or HCP. Stopping transmission by continuing weekly testing of all residents and staff through at least 14 days since most recent positive result. Facilities performing universal testing must have a plan for testing that includes: Access to testing with a rapid turnaround-time Resident cohorting and staffing plan, Applicable items discussed on pages 5-6. The guidance in this health alert network message represents recommended best practices and does not replace or supersede formal orders.	**NO**
508	**5/12/2020**	**ADVISORY ARCHIVED replaced by PA-HAN- 530**	**Test-based Strategies for Preventing Transmission of the Virus that Causes COVID-19 in Skilled Nursing Facilities** 2020–PAHAN–508–05-12-ADV-ADVISORY: Test-based Strategies for Preventing Transmission of the Virus that Causes COVID-19 in Skilled Nursing Facilities	**Archived Guidance:** Universal testing of residents and staff is one strategy to help inform infection prevention and control in skilled nursing facilities. Consider four key principles when using testing in skilled nursing care facilities. Testing should not supersede existing infection prevention and control (IPC) interventions. Testing should be used when results will lead to specific IPC actions. o The first step of a test-based prevention strategy should ideally be a point prevalence survey (PPS) of all residents and all HCP in the facility. o Repeat testing may be warranted in certain circumstances. Facilities should develop a plan for testing and post-testing intervention to include: o Logistics of resident and staff testing. Cohorting plan to include designated Red, Yellow, and Green zones, respective of testing result and exposure status.	**NO**
506	**5/11/2020**	**ALERT ARCHIVED replaced by PA-HAN- 529**	**Pediatric Multi-System Inflammatory Syndrome Potentially Associated with COVID-19** 2020-PAHAN-506-05-11-ALT-Pediatric M.pdf	**Archived Guidance:** Cases compatible with multi-system inflammatory syndrome have been identified in children in New York City and United Kingdom hospitals. These cases are characterized by persistent fever and features of Kawasaki disease or toxic shock syndrome. Abdominal symptoms in these patients are common. These cases may require intensive care unit admission for cardiac or respiratory support. Polymerase chain reaction testing for SARS-CoV-2 may be positive or negative. Early recognition and specialist referral are essential, including to critical care if warranted. Any patient meeting these criteria should be immediately be reported to the PA DOH through PA-NEDSS.	**NO**
504	**5/4/2020**	**UPDATE ARCHIVED replaced by PA-HAN- 518**	**Interim Guidance on Discontinuing Non-Healthcare Isolation for Persons with COVID-19** 2020-PAHAN-504-05-04-UPD -Interim Gu.pdf	**Archived Guidance:** The Pennsylvania Department of Health (DOH) is releasing the following updates based on guidance released by the Centers of Disease Control and Prevention (CDC) on May 3, 2020, for discontinuation of isolation for persons with COVID-19 not in healthcare settings.	**NO**
503	**5/4/2020**	**ALERT ARCHIVED replaced by PA-HAN- 505**	**SARS-CoV-2 Laboratory Testing Comparison** ALERT: SARS-CoV-2 Laboratory Testing Comparison	**Archived Guidance:** This guidance is part of the Pennsylvania Department of Health's (DOH) effort to clarify the types of SARS-CoV-2 testing, whether the tests are being offered under an EUA issued by FDA or as described in FDA's COVID-19 Test Guidance, and the CLIA certifications and requirements under which testing can be performed.	**NO**

502	**5/1/2020**	**ADVISORY ARCHIVED replaced by PA-HAN- 554**	**Discontinuation of Transmission-Based Precautions for Patients with COVID-19** 2020-PAHAN-502-05-01-ADV-Discontinui.pdf	**Archived Guidance:** The decision to discontinue Transmission-Based Precautions for patients with confirmed COVID-19 should be made using either: test-based strategy or symptom-based strategy or o time-based strategy (for persons without symptoms) Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility. Patients should be discharged from the healthcare facility whenever clinically indicated. Isolation should be maintained at home or in the receiving healthcare facility until criteria are met. Determining when to discontinue "exposed" or "affected" status for a unit or facility can assist with understanding the proper implementation of infection prevention and control measures.	**NO**
501	**5/1/2020**	**UPDATE ARCHIVED replaced by PA-HAN-553**	**Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19** 2020-PAHAN-501-05-01-UPD-Return to W.pdf	**Archived Guidance:** Updates were made to the CDC guidance for Return-to-Work Criteria for healthcare personnel (HCP) on April 30, 2020. These changes include: Changed the name of the 'non-test-based strategy' to the 'symptom-based strategy' for those with symptoms Changed the name to a 'time-based strategy' for those without symptoms Updated non-test-based strategies to extend the duration of exclusion from work to at least 10 days since symptoms first appeared. Based on this extension of the symptom-based and time-based strategies, language about the test-based strategy being preferred was removed.	**YES , PA-HAN-498 and 499**
499	**4/21/2020**	**ALERT ARCHIVED replaced by PA-HAN-553**	**Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19** Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (pa.gov)	**Archived Guidance:** Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a test-based strategy or a non-test-based strategy. A test-based strategy is preferred, where possible, for healthcare personnel (HCP) given that there is uncertainty about the length of time that a person who has recovered from COVID-19 is infectious. In the presence of a shortage of testing supplies or a long turn-around-time for test results and staffing shortages, a non-test-based strategy should be employed. Implement strategies described with the CDC guidance for mitigation of staffing shortages. If HCP must return to work before meeting criteria, they should ideally perform non-direct care or direct care for persons who are confirmed to have COVID-19.	**NO**
498	**4/19/2020**	**ALERT ARCHIVED replaced by PA-HAN-501**	**Interim Guidelines for Exposed Life-Sustaining Business Workers** 498 - 04/19/20 - ALT - Critical Infrastructure (pa.gov)	**Archived Guidance:** Life-sustaining business workers, as defined in the Orders that the Governor and Secretary of Health of Pennsylvania issued, and subsequently amended, on March 19, 2020, may be permitted to continue to work following potential exposure to COVID-19. These life-sustaining business workers may continue to work provided they remain asymptomatic and additional precautions are implemented. Additional precautions include: pre-screening, monitoring, masking, social distancing, and routine disinfection/cleaning.	**NO**
497	**4/16/202**	**UPDATE ARCHIVED replaced by PA-HAN- 524**	**Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID 19) in a Healthcare Setting** UPDATE: Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID-19) in a Healthcare Setting	**Archived Guidance:** The Pennsylvania Department of Health (DOH) is releasing the following guidance to reiterate and clarify guidance released from the Pennsylvania Department of Health on March 24, 2020. The following updates are now recommended for healthcare settings: To address asymptomatic and pre-symptomatic transmission, implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms. To address asymptomatic and pre-symptomatic transmission, implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms. Actively screen everyone for fever and symptoms of COVID-19 before they enter the healthcare facility. As community transmission intensifies within a region, healthcare facilities may consider foregoing contact tracing for exposures in a healthcare setting in favor of universal source control for HCP and screening for fever and symptoms before every shift, as well as the end of every work shift as described.	**YES, PA-HAN-490**
496	**4/14/2020**	**ADVISORY ARCHIVED replaced by PA-HAN- 567, 568, and 570**	**Universal Message Regarding Cohorting of Residents in Skilled Nursing Facilities** 496 - 04/14/20 - ADV - Cohorting Residents (pa.gov)	**Archived Guidance:** Cohorting of residents with COVID-19 in dedicated units within skilled nursing facilities can be an effective transmission prevention strategy, but it must be done deliberately to be effective. Once COVID-19 is identified in a nursing care facility, there are three types of residents to consider: confirmed or probable cases, exposed residents, and unexposed residents. Cohorting decisions should consider all three groups of residents, with the first priority being to restrict the mixing of residents who are cases or are exposed with those who are thought to be unexposed. This HAN provides examples of situations in which cohorting residents or use of a dedicated COVID-19 unit may be beneficial.	**NO**
493	**4/6/2020**	**ALERT ARCHIVED replaced by PA-HAN-535**	**Notification of COVID-19 Test Results to Patients** 2020-PAHAN-493-04-06-ALT-Notificatio.pdf	**Archived Guidance:** The Pennsylvania Department of Health (DOH) is asking that clinicians provide the current guidance on isolation to patients being evaluated for COVID-19 to ensure that timely recommendations are provided to reduce spread of disease. Healthcare providers who are evaluating patients for COVID-19 should instruct the patient to isolate. Patients should be asked to develop a list of people who were in close contact (defined as being within 6 feet for a period of 10 minutes to 30 minutes or more depending upon the exposure) with them from the period 48 hours before symptom onset to the time at which the patient isolated. All persons diagnosed with COVID-19 should self-isolate until at least 7 days have passed since symptom onset, and symptoms are improving, including being afebrile, for 72 hours without antipyretics. These steps should be taken immediately. Do not wait for test results to come in.	**NO**

491	**4/3/2020**	**UPDATE ARCHIVED replaced by PA-HAN- 500**	**Interim Guidelines for Collecting Clinical Specimens for COVID-19 Testing** UPDATE: Interim Guidelines for Collecting Clinical Specimens for COVID-19 Testing (pa.gov)	**Archived Guidance:** The Centers for Disease Control and Prevention (CDC) issued updated interim guidelines for collecting, handling, and testing clinical specimens from persons for COVID-19 testing. The Pennsylvania Department of Health (DOH) is providing these updated guidelines with emphasis on the acceptable alternative specimens.	**NO**
490	**3/24/2020**	**UPDATE ARCHIVED replaced by PA-HAN-524**	**Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019- nCoV) in a Healthcare Setting** Infection Prevention and Control Recommendations (pa.gov)	**Archived Guidance:** Due to receipt of many questions regarding the CDC guidance for infection prevention and control in healthcare facilities updated on March 10, 2020, and issued by DOH on March 11, 2020, DOH has clarified specific points within the guidance by communicating directly with CDC. The supply chain for PPE continues to be severely strained across the nation. Facilities must evaluate their current stockpiles and supply chain to guide local decisions for PPE use and allocation.	**NO**
489	**3/19/2020**	**UPDATE ARCHIVED replaced by PA-HAN-559**	**Updated Interim Guidance on Discontinuing Home Isolation/Quarantine and Returning to Work Criteria for Healthcare Providers** Update: Updated Interim Guidance on Discontinuing Home Isolation/Quarantine and Returning to Work Criteria for Healthcare Providers (pa.gov)	**Archived Guidance:** The Pennsylvania Department of Health (DOH) is releasing the following updates based on guidance released by the DOH on March 17, 2020, for discontinuation of home isolation for persons with COVID-19. HCP returning to work after being released from isolation must wear a facemask at all times and be restricted from caring for severely immunocompromised patients for 14 days after symptom onset, as well as adhere to strict hand and respiratory hygiene and monitor for symptoms.	**NO**
488	**3/17/2020**	**ALERT ARCHIVED replaced by PA-HAN-559**	**Interim Guidance on Discontinuing Home Isolation/Quarantine and Returning to Work Criteria for Healthcare Providers with COVID-19** 2020-PAHAN-488-03-17-ALT -Discontinu.pdf	**Archived Guidance:** The Pennsylvania Department of Health (DOH) is releasing the following updates based on guidance released by the Centers of Disease Control and Prevention (CDC) on March 16, 2020, for discontinuation of home isolation for persons with COVID-19.	**NO**
487	**3/14/2020**	**ALERT ARCHIVED replaced by PA-HAN-500**	**Interim COVID 19 Specimen Collection and Testing Guidance** 2020-PAHAN-487-03-14-ALT - Interim C.pdf	**Archived Guidance:** DOH is requiring consultation prior to SARS-CoV-2 testing at the public health laboratory. Specifically, providers who are assessing: known contacts of confirmed COVID-19 cases, patients in congregate care settings (e.g., skilled nursing facilities, long term care facilities), patients admitted to a hospital, and healthcare workers.	**NO**
486	**3/11/2020**	**UPDATE ARCHIVED replaced by PA-HAN- 524**	**Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings** 2020-PAHAN-486-03-11-ALT - Infect Pr.pdf	**Archived Guidance:** The Pennsylvania Department of Health (DOH) is releasing the following updates based on guidance released by the Centers for Disease Control and Prevention (CDC) on March 10, 2020, for infection prevention and control recommendations for patients with suspected or confirmed COVID-19 in healthcare settings.	**NO**
485	**3/11/2020**	**UPDATE ARCHIVED replaced by PA-HAN- 476**	**COVID-19 Specimen Collection and Shipping Guidance** Updated: COVID-19 Specimen Collection and Shipping Guidance (pa.gov)	**Archived Guidance:** The Pennsylvania Department of Health (DOH) is releasing the following updates based on guidance released by the Centers for Disease Control and Prevention (CDC) on March 9, 2020, for COVID-19 specimen collection and shipping.	**NO**

484	**3/9/2020**	**UPDATE ARCHIVED replaced by PA-HAN- 560**	**UPDATE: Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)** 2020-PAHAN-484-UPDATE Risk Assessment.pdf	**Archived Guidance:** The Pennsylvania Department of Health (DOH) is releasing the following directions based on guidance released by the Centers for Disease Control and Prevention (CDC) for risk assessment and management of healthcare personnel with potential exposure to patients with COVID-19. This guidance has been updated based on the development of community transmission in multiple areas of the United States. As of March 9, 2020, there is no community transmission of COVID-19 detected in Pennsylvania. We continue to recommend a discrete containment response. Simplified guidance has been issued by CDC to inform risk assessment, monitoring and work restriction. DOH provides additional guidance in the event of sustained community transmission. To address resource prioritization, contact tracing, risk assessment and work restriction may be limited o Exposed HCP that are asymptomatic may continue to work.	**NO**
481	**3/5/2020**	**ALERT RENAMED**	**Interim Guidance for Healthcare Professionals** Interim Guidance for Healthcare Professionals (pa.gov)	**Archived Guidance:** The Pennsylvania Department of Health (DOH) is releasing the following guidance for healthcare professionals with potential exposure to patients with 2019 novel coronavirus and for health departments to implement after-travel health precautions. CDC and DOH have updated criteria for PUI for COVID-19. As of 3/5/2020, COVID-19 cases caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) have NOT been detected within Pennsylvania. Health care providers should contact DOH at 1-877-PA-HEALTH (1-877-724-3258) or local health department about possible cases of COVID-19. With the increased availability of diagnostic testing for COVID-19 at the state level, clinical providers and health departments should discuss testing for patients with compatible symptoms and exposure criteria, and taking into account the epidemiology of COVID-19 in Pennsylvania. Clinical specimens for routine respiratory testing should be collected from approved Patients under Investigation (PUIs). Contact DOH to receive testing approval. Travelers from China or Iran will be contacted by your health department. Travelers from Italy and South Korea should call 1-877-PA-HEALTH (1-877-724-3258) to inform the health department about your travel.	**NO**
480	**2/28/2020**	**ADVISORY RENAMED**	**Updated: COVID-19 Interim Guidance for Healthcare Professionals** 2020-PAHAN-480-02-28-ADV - Updated_C.pdf	**Archived Guidance:** DOH recommends that diagnostic evaluation commence and continue for patients with fever and severe acute lower respiratory illness (e.g. pneumonia, ARDS) requiring hospitalization and without explanatory diagnosis (e.g., influenza). At a minimum, testing for common etiologic agents for pneumonia should be done. Useful testing includes Streptococcus pneumoniae, Legionella, influenza, a respiratory viral panel, and other pathogens as warranted. Chest radiograph (CXR), and other imaging, should be done as indicated. Consultation with infectious disease specialists and others (e.g., pulmonary and critical care specialists), as appropriate, should be sought to elucidate common etiologies for lower respiratory illness. Limited information is available to characterize the spectrum of clinical illness associated with coronavirus disease 2019 (COVID-19). No vaccine or specific treatment for COVID-19 is available; care is supportive. Healthcare providers should immediately notify both infection control personnel at their healthcare facility and DOH or their local health department in the event of a PUI for COVID-19. Please call DOH (877-PA-HEALTH/1-877-724-3258) or your local health department to discuss any possible exposures.	**NO**
479	**2/27/2020**	**ALERT RENAMED**	**COVID-19 Interim Guidance for Healthcare Professionals** 2020-PAHAN-479-02-27-ALT - COVID-19.pdf	**Archived Guidance:** The Pennsylvania Department of Health (DOH) is releasing the following, an important change from previous guidance is that travelers from newly affected geographic areas (in bold) who develop illness need to be evaluated, including: China, Iran, Italy, Japan, South Korea. Health care providers should contact the Pennsylvania Department of Health at 1-877-PA HEALTH or local health department about possible cases of coronavirus disease (COVID 19), caused by the severe acute respiratory syndrome coronavirus 2, shortened to SARS CoV-2. Clinical specimens should be collected from Patients under Investigation (PUIs) for routine testing of respiratory pathogens at either clinical or public health labs. Testing at the PA DOH Bureau of Laboratories (BOL) and/or Centers for Disease Control and Prevention (CDC) must be approved by PA DOH Bureau of Epidemiology. Specimens cannot be sent to CDC until a CDC nCoV ID number has been issued.	**NO**
478	**2/9/2020**	**ADVISORY RENAMED**	**Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus (2019-nCoV)** Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus (2019-nCoV)	**Archived Guidance:** The Pennsylvania Department of Health (DOH) is releasing the following directions based on guidance released by the Centers for Disease Control and Prevention (CDC) for risk assessment and management of healthcare personnel with potential exposure to patients with 2019 novel coronavirus. This guidance provides a framework for classifying HCP exposures as high, medium, low, and no identifiable risk. It applies to HCP with exposure to patients with confirmed 2019 novel coronavirus or PUIs when test results are not available within 72 hours. Risk is determined by factors such as the duration of exposure, the patient's clinical symptoms (e.g., coughing), whether the patient was masked, whether aerosol generating procedures were done, and type of PPE used. HCP with high or medium risk exposures will be excluded from work and will require monitoring for development of symptoms for 14 days. HCP with low risk exposures (i.e., close contact with appropriate PPE) will require monitoring for symptoms but should not be excluded from work. Clinical evaluation and treatment of a PUI or confirmed case must be done in coordination with DOH (1-877-PA-HEALTH) or your local health department. This will include a discussion of occupational health risk. Facilities must be prepared to appropriately assess risk exposures, track, monitor and exclude exposed HCPs in collaboration with public health. Healthcare facilities must immediately report any at-risk HCP who develops symptoms to DOH at 877-PA-HEALTH or your local health department.	**NO**

477	**2/4/2020**	**ADVISORY RENAMED**	**Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings** Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings (pa.gov)	**Archived Guidance:** CDC will provide separate guidance for healthcare settings. Key points: CDC and DOH recommend isolation and quarantine of persons with epidemiologic risk factors; DOH is applying these recommendations prospectively AND retrospectively for any person who traveled to mainland China or Hubei Province for the preceding 14 days; This risk stratification does not apply to healthcare workers; Call DOH at 1-877-PA-HEALTH or your local health department to help assess and manage your patients and travelers; and We will be calling persons in self-isolation or home quarantine daily to assess needs and well-being. This may change. CDC created this interim guidance to provide U.S. public health authorities and other partners with a framework for assessing and managing risk of potential exposures to 2019-nCoV and implementing public health actions based on a person's risk level and clinical presentation.	**NO**